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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ION is very important. See instructions on back of certificate.
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STATE OF	MARYLAND—CERTIFICATE OF DEATH	10574
DEATH	(93-L)	

1. PLACE OF DEATH		(93°-d)				
County Anne Arundel			el		Registration Dist. No.	
	Village or City annapolis, Md. (If Length of residence in city or town where death occurred 67 yrs. mos.			7 yrs,mos	No. 92 Conduit St. death occurred in a hospital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?	Ward
:	-	ME Mary E.				
	(a) Resident	se: No. 52 00114	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
F	sex sex ale	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Yes	ar)
5a.	If married, widowed HUSBAND of (or) WIFE of	James And	derson		1 HEREBY CERTIFY. Thet I ettended deceesed	
6.	DATE OF BIRTH (month, day, end yeer) Se	pt. 10.	1865	I last saw her alive on Och 3 1952; death	is sald
	AGE Year 67		Deys 23	If LESS then I day,hrs. ormin.	to heve occurred on the dete stated above, et 12,05A.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	
OCCUPATION	8. Trade, profession, or perticular kind of work done, es SPINNER, HOUSEWISE 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			My Carathi with surffring	onset	
-	10. Date decessed lest worked at this occupation (month and / 932 spent in this year) 12. BIRTHPLACE (city or town) Annapolis, Md. (State or country)		nt In this 4 8	Other Contributory Causes of Importence:	Les	
TER	13. NAMEUNK	nown				1.
FATHER	14. BIRTHPLACE (State or	(city or town)un.	known		Neme of operation Dete of Whet test confirmed diagnosis? Wes there en autopsy?	Les
HER	15. MAIDEN NAM	unkno	wn		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country)			nown		Accident, suicide, or homicide?	
17. INFORMANT James Anderson (Address) Annapolis, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece St. Anne's Dete Oct. 6 19 32				. 6 ,19 32	Manner of injury	
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.		24. Wes disease or injury in any wey releted to occupetion of deceased?				
20.	FILED Send	6 , 1932	46 C. 9	Registrar.	(Signed) Horac Classell (Address) Allucofoolin u	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOPAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

V. S. No. 1

	ARYLAND-	-CERTIFICATE OF DEATH 10575
1. PLACE OF DEATH		82-0
County Anne Arundel		Registration Dist. No.
Village or City Davidsonvill	e	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance In city or town where death occurre		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Beard B	eall	
(a) Residence: No. Davidsonvil	le, A. A. (Co.st., Ward.
PERSONAL AND STATISTICAL PA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, OR DIV	MARRIED, WIDOWED, ORCED (write tha word) Pried	21. DATE OF DEATH 39th 193 V
5a. If married, widowed, or divorced	all	22. HEREBY CERTIFY That attanded deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 29	1853	I last saw h fire alive on Oct 29 1934 death is said
7. AGE Years Months Day	s If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Farm work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occuration (month and	ormin.	were as follows: each al leuron lago Date of onese
10. Data deceased last worked at this occupation (month and 1932 11.1 year) 12. BIRTHPLACE (city or town) Maryland.	otal time (years) spent in this occupation	Other Contributory Causes of importance:
(State or country)		
13. NAME Geo. L. Beall		
13. NAME Geo. L. Beall 14. BIRTHPLACE (city or town) Larylan (Stata or country)	d.•	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebecca Beard 16. BIRTHPLACE (city or town) Maryland		23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Maryland (Stata or country)	•	Accident, suicide, or homicide?
17. INFORMANT Mr. Geo. Beall (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OF REMOVAL Place Davidsouville Date O	ct.31 ,1932	Manner of injury
19. UNDERTAKER John M. Taylor (Address) Anna polis, Md.		24. Was disease or injury in any way related to occupation of deceased?
20. FILED Det 31, 1932 from 6 C	Registrar.	(Signed) Anothina Hay M.D. (Address) Davidson Solla M.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Brety item of inforproperly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	10046
County County	Registration Dist. No. 20
Village or City. South Rule	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence In city or town where death occurredyrs,	mos. ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME many Bea	ee
(a) Residence: No. And August (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	word) Oct 7-193 -
5a. If married, widowed, or divorced HUSBAND ot	(Month) (Day) (Year)
(or) WIFE of M. Beall	I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 16 16 16 18 4	6 (last saw h 2 alive on Oct 4 19 3 d; death is said
	SS than to have occurred on the date stated abova, at
85 11 2/ 1day,	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Z 8. Trade, protession, or particular	O Gremory seat: skin, of face. Date of oneset
kind ot work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	(anceroma Od)
B Industry or business in which work was dona, as SILK MILL, A & Cc Hon SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Dato deceased last worked et this gecupation (month and	- 1 page
this occupation (month and year) spent in this	2540 Duration 5 ten/ years.
- Josephilon	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of Country)	23. If death was due to external causes (VIDLENCE) fill In also tha tollowing:
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida? Date of Injury, 19
(State o Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DE 2. Lyckan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) A f & Home My	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa / N Date Mu Date	, 19 Nature of injury
19. UNDERTAKER Las. Toox	24. Was disease or injury in any way related to occupation of deceased? 20
(Address) on a the Ms	If so, specify
20, FILED Oct 9, 1932 Carrie &	(Signed) Motimes Hayes M. D.
	Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	and related causes Date of onset
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	!		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCURA.

				4. 2 -	mg 1-0
STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	054	6 0
OIAIL OI	MARIE CERTIFICATE	OI	DEATH	00	4

Village or City Annapolis No. 96 Prince George	4
Village or City Annapolis No. 96 Prince George	n Dist. No.
Of the transfer of the transfe	St., Ward
(If death occurred in a horpital or institution, give its NAM Length of residence city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth?	ME instead of street and number)
2. FULL NAME Capitola Wheeler Brooks	
(a) Residence: No. 96 Prince George St., Ward.	
	nt give city or town and State
PERFONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	E OF DEATH
I emale White Narried (Month)	(Day) (Year)
(a) "ile a Lamile Brooks	F Y. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 1, 1885 lest sew h. A. alive on	, 193 % ; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at Sq. 1 dey,	
47 3 13 ormin. were as follows:	uses of importance
8. Trede, profession, or particular kind of work done, as SPINNER, HOUSEWISE TO SAWYER PROPRYEEPER AND THE	2 2 2 2 K
SANTEN, DUDNINGER EN, EU.	1 h
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
- I ma acception (month curd and 2 d 2 point in full 7)	
Other Countillate Council and American	
12. BIRTHPLACE (city or town) Anne rundel County (State or country)	
13. NAME Davis Thomas wheeler	
What test confirmed diagnosis? 15. MAIDEN NAME Capitola Lee 23. If death wes due to external causes (VIDLENCE) (
16. BIRTHPLACE (city or town) A	
17. INFORMANT 2 (Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) IDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDYAL Place Mt. Olivet Cemt. Date Oct. 17, 1932 Neture of injury Neture of injury	
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md. 24. Was disease or Injury in any way related to occur (If so, specify	pation of deceased?
20. FILED A 16, 1932 Are 74 C. J. Mark (Signed) Is up to C, The Registrar, (Address) Children	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	05	15	5
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1. PLACE OF DEATH	(137)
County Anne Arundel	Registration Dist. No.
Village or City Annapolis	No. 99 East St. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence on city or town where death occurred 81 yrs. 5 mos	death occurred the a hospital of minituding, give its IVANIE instead of street and number? L.O. ds. How long in U.S. if of foreign birth? J. 1. yrs. 5 mos. 10 ds.
2. FULL NAME anthony Brown	
(a) Residence: No. 99 East Street.	St., Ward.
PESSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Widowed	21. DATE OF DEATH 2 193 (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of Alverta Brown	
(or) WIFE of	22. OI HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 14, 1851	I last saw h _ alive on _ Olf. 3, 19.7 _; death is said
7. AGE Years Months Days if LESS then	to have occurred on the date stated above, at 9.00 CL_m.
81 5 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Harry SAWYER, BOOKKEPER, etc.	William Letta yerren
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(ause unsuger) (shirt
10. Date deceased last worked at this occupation (month and spent in this	1932
this occupation (month and 1922 spent in this 50 occupation 50	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) Prince George County (State or country) Maryland.	Menica
监 13. NAME Charles Brown	
13. NAME Charles Brown 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsychological Date of Date o
15. MAIDEN NAME Sarah Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Brown 16. BIRTHPLACE (city or town) Maryland. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Elizabeth Snowden (Address) Philadelphia, Pa.	Where did injury occur?(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Mary's Cemtoate Oct. 2719 32	Neture of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED 9 1 27, 1937 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Signed) albert buflesen M.D. (Address) angles, lex
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:	= (-1)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. AGE should be so that it may mation should be carefully supplied. CAUSE OF DEATH in plain terms, N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

SIAIL (JF MARYLAND—	CERTIFICATE OF DEATH	(F = 0	
County A	////	Registration Dist. No. 1973		
Village Dr City A A Co-		ND. St., f death occurred in a horpital or institution, give its NAME instead of street ds. How long in U.S. If of foreign birth?	and number)	
2. FULL NAME Paner (a) Residence: No. 3 W //	(Usual place of abode)	St., Ware.		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yeer)	
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of		22 HEREBY CERTIFY, That I atter	ided deceased fr	
6. DATE OF BIRTH (month, day, and year) 2	Harmy	I last saw h 2 alive on the 193	death is sa	
7. AGE Yeers Worths Cooker about 65	Days If LESS than 1 day,hrs. orreln.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ons	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	W Lifetal time (years)	med man and a man		
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	occupation this	Other Contributory Causes of importance:		
13. NAME				
13. NAME 14. BIRTHPLACE (city or town) / (State or country)	Com/	Name of operation Dete What test confirmed diagnosis? Wes there		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17 MFORMANT (Address)	kunn hun	23. If deeth wes due to external causes (VIOLENCE) fill in also the folion accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	owing: , 19	
18. BURIAL, CREMATION, DR BEMDVAL Place	Dete Det /314 19.37	Menner of injury		
19. UNDERTAKER (Address)	of the his	24. Wes disease or Injury in eny way related to occupation of deceased If so, specify Climate August Augus	3 1-0.	
20. FILED 901-13, 1932	Registrar.	(Signed) (Address) Adverd In Vill	e M	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RTIRET AU VAB.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state

	County Anne Arundel					Registration Di	st. No. 2-1	
	Village or Cityne	ar Mayo			No		St.,	Ward
	Length of residence in cit	ty or town where dea	ath occurred	() yrs,mo:	death occurred in a hospital section of the section	al or institution, give its NAME in U.S. if of foreign birth?	nstead of street and nu yrsmos	mber)
2, 1	FULL NAME	Irginia	Brown					
	(a) Residence: No. X	ear Mayo	(Usual place of	CQ., M	Ca St., Ward	. If monoridant al	ve city or town and S	
	PERSONAL AN	D STATISTIC			MEDIO	CAL CERTIFICATE		inte
		ite	S. SINGLE, MARRI OR DIVORCED (Willow	write the word)	21. DATE OF DE	EATH OCT.	28-ac	193 2 (Year)
H	IUSBANO of	. Brown	unicion	(M	22. Jan / 15	REBY CERTIF	That I attended d	eceased from
	TE OF BIRTH (month, day	, and year)	lay 185		I last saw h ali	ive on Ock	1932	death is said
7. AGE	E Years 76	Months 5	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the The PRINCIPAL CAUSE were as follows:	date stated above, at	of importance	Oate of onset
	kind of work done, as SPINNER, NONE SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			Chron	ie Mefor	rutis		
12. B1F	RTHPLACE (city or town). (State or country)	Anne Am Maryla		unty	Other Contributory Cons	My Too	detis	
13	3. NAME Richa	rd Whitt	tington			7 /		
14	4. BIRTHPLACE (city or to (State or country)	wn) Anne Anne Mary]		County	Name of operation What test confirmed diag	He VIh.	Oate of	topsy? he
r -		ary Wood			23. If death was due to ex	cternal causes (VIOLENCE) fill i		0,000,000
16. BIRTHPLACE (city or town) Anne Arundel County (State or country) Maryland.				Accident, suicide, or homicide?				
17. INF	FORMANT Mr. Cl (Address) nnapo			ton.	Specify whether injury o	(Specify city or to courred in INOUSTRY, in HOME	wn, county and State) , or in PUBLIC PLAC	E.
18. BUI	Place Hone Ch		Ste Oct.	30,1932	Manner of Injury			
19. UN	OERTAKER John (Address) Annap				24. Was disease or Injuly	In any way related to occupation	on of deceased?	10

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S

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from 32

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: DECEIVED Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis MOV 2 1935 July 5.1927 3 days ago DITTERMINE. Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

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should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH 10581
1. PLACE OF DEATH	3
County Q. Q.	Registration Dist. No. 24
Village or City Gmapolic md	No. Emergency Hookital St., Ward
Length of residence in city or town where deeth pocurred	If death occurred in a hopital or institution, give it NAME instead of street and number) sds. How long in U.S. if of foreign blrth?yrsmosds.
X h	13
2. FULL NAME Sugar Process	Ch Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF RIRTH (month day and year) 72 × 30 - 1933	I last saw halive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Kulkom
. Industry or business in which work was done, as SILK MILL,	[Le fleformet]
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Totel time (years)	
this occupation (month and spent in this yeer)	
a deli on	Other Contributary Cance of importance:
12. BIRTHPLACE (city or town) (State or country)	fremulate Wends
2 2 1 10	
	Name of association March 1
14. BIRTHPLACE (city or town) Element (State or country)	Name of operation
15. MAIDEN NAME CHARLES LA HORALISMAN	What test confirmed diegnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Samuel . X. Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) ama apolis mary land	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Date 1933	- Nature of injury
19. UNDERTAKER & . L. H offering (Address) and apoll on england	24. Was disease or injury In eny way releted to occupation of deceased? If so, specify
20. FILED Ct 3 D, 1932 fry 6 C fre ma market	(Signed) Cloth Audion M. C. (Address) Church Leg leg
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritomitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: A	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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STATE OF MARY	LAND-CERTIF	ICATE OF	DEATH
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1. PLACE OF DEATH	ndel		(49-a)		
Village or City Crow Length of residence in city or town whe	msville	(lf	death occurred in a hospital or institution, give its NAME instead of street and n	War(
D.	th Butle			Su:	
	arles Co		vlst.nd Ward.		
(a) Residence: No.	(Usual place	of abode)	If nonresident give city or town and	State	
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
female black	5. SINGLE, MAR OR DIVORCE S1	RIED, WIDOWED, D (warite the word) NE 10	21. DATE OF DEATH October 17th (Month) (Day)	, 193 2 (Year)	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended of October 14th, 1932, to October 17		
PATE OF BIDTH (month down of the control of the con	1907		Hast saw RT alive on October 17 19 32	-	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 25 Unk	Days nown	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 2.30P_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER,	Dome		Uremia following acute	Date of ons	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unknown		nephritis	2 das	
10. Date deceased last worked at this occupation (month and year)	🤊 spe	ime (years) nt in this upation			
12. BIRTHPLACE (city or town)	ryland		Other Contributory Causes of importance: Exhaustion Collowing caesares: and prolonged mania	n 3 wk	
13. NAME Daniel Butl	er				
13. NAME Daniel Butl 14. BIRTHPLACE (city or town)	ryland		Name of operation Date of Date of What test confirmed diagnosis? Was there an a		
15. MAIDEN NAME Rebec	ca Slye		23. If death was due to external causes (VIOLENCE) fill in also the following		
16. BIRTHPLACE (city or town)	laryland		Accident, suicide, or homicide?, 19		
17. INFORMANT Hospital R (Address) Crownsvi	ecords lle, Mar	rland -			
18. BURIAL, CREMATION, OR DEMOVAL	Clampate (S	01 20,1932	Manner ol injury Nature of injury		
19. UNDERTAKER Clips (Address) 6. FILED 19	e air Rol	J	24. Was disease or injury In any way related to occupation of deceased? —— If so, specify (Signed)	ndyn.	
da 34	ore blanks are needed, a	Registrar.	(Address) Crownsville, Maryland	đ	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago ·Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	PLACE OF DEATH County Mindle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22
inficate.	Village or City Bacon (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
pack of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 15, 193 2 Oct (Month) 15 (Day) 1932 (Year)
no suo	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw binnalive on Ct 15 , 1932
Instruct	7 AGE yrs	The CAUSE OF DEATH * was as follows:
portant, se	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds. Contributory
On is very in	10 NAME OF FATHER Plant Milliams 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country) (State or country) (State or country)	(Signed) (Duration) yrs mos. ds. (Signed) (Mans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2000	12 MAIDEN NAME OF MOTHER Deldred leadvert 13 BIRTHPLACE OF MOTHER (State or Country) A. A. leo. MA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Under the Stateyrsmosds. Where was disease contracted,
TO THOMAS	(Informant) Refault Basvert (Address) James Bas Arts	Former or usual residence 19 PLACE OF BURIAL OR HEMOVAL DATE OF BURIAL DATE OF BURIAL
010	Filed Oct 15 182 Wara Eu Hasluh	20 UNDERTAKER ADDRESS AUSEY RALLE SING

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Tneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

T. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Extrology important. See instructions on back of certificate.	N	7.	EX	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate	RMANENT	XACTLY	classified.	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	IS A PE	stated E	properly	certificate
B.—WRITE PLAINLY, WITH UNFADING INK—TI mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back	HIS	he	pe	jo
B.—WRITE PLAINLY, WITH UNFADING INK mation should be carefully supplied. AGE she CAUSE OF DEATH in plain terms, so that it flow is very important. See instructions on	LT	pluo	may	back
B.—WRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions	N	Sh	it	no
	. B.—WRITE PLAINLY, WITH UNFADING I	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that	TION is very important. See instructions o

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-6)
County le- le . C.	Registration Dist. No 2
Village or City Imaga of Md. (If	No. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Delen many	ber S.
(a) Residence: No. 133 milhvelk	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Brale Cof. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Coleth Chambers!	22. CELL HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 30 - 1905	I last saw h alive on art 7 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at /m.
27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	drosture 12 thoral 9-18-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this coverage of the control of the coverage of the control of the coverage of t	O culture o o gree
9. Industry or business in which work was done, as SILK MILL, Parallel SAW MILL, BANK, etc.	Thurs of the second
- I mis occupation Kundurin and 19 1 2 1 2 1 2 1 1 2 1 1 1 1 1 1 1 2 1 1 2 1 1 2 1	
year) year) yearion yeupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	Jan 19/1 9-70-97
(State or country)	Name of operation Date of Date
	What test confirmed diagnosis. 1
±	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city of town). Washington (State or country)	Where did injury occur? Late lood New Que all
17. INFORMANT . Nement the Readments	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) // Spay Rivad	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Luto a cardent
Place of the Date Date 11., 19.32	Nature of infurgasting Vertiling Tours
19. UNDERTAKER to than & June 18. (Address)	24. Was disease or injury in any way related to occupation of deceased?
() 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	(Signed) Walter Hopking / M. D.
20. FILED 201, 1932 Fisher Registrar.	(Address) Que polico MA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter; machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Example I The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10586

1. PLACE OF DEATH	(§)
County since Mundel	Registration Dist. No.
Village or City Promocoros Per	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of lown where death occurred yrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ITUR book 1/1	pequep
12 -m - 1 - 15 00	A A
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH ON I See 2
Well OR DEVORCED (write-ye word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad	(month) (bay) (laal)
HUSBANO of (or) WIFE of	22. CHEREBY CERTIFY, That I attended daceased from
2 1 = 163.2	19 37 to
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Yoars Months Days If LESS than	to have occurred on the date stated abova, at
I day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
8. Trade, profession, or particular kind of work dona as SPINNER	A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occupation (month and	I AT
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Opice onth
SAW MILL, BANK, etc.	
apont in this	
year) occupation occupation	Other Contributory Caoses of importance:
12. BIRTHPLACE (city or town) weben of the hit	00 148
(State or country)	Thateut revial
13. NAMEDILAN Grange	
13. NAME OF ALL GRANDS TO THE STATE OF THE S	Name of operation
(Stata or country)	
15. MAIOEN NAME Margaret Jor ford	What test confirmed diagnosis?
15. MAIOEN NAME / A garet Sov for 3	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
- (State or gounty)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GRANEO KILL	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) K+. A#2 /202 9 Champions	
18. BURIAN, CRÉMATION, OR REMOVAL	Manner of injury
Place Mulberry Met Oate 10 4, 1933	Natura of Injury
19. UNDERTAKER Janes Little	24. Was diseasa or injury in any way ralated to occupation of decaased?
(Address) AI 00	If so, specify
Mulliment Act	(Signey/ leeborse place a Mal
20. FILED Registrar.	(Address Alexander had
If more blanks are needed, address State Registrar	Y 24T N. Charles Street Belsimary Requesting 71 8 No. 2

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	October 28th 193
Coroner's Case - died from causes stated	by +
substantiated Charles Research	cilan
acting Coro	ner.

Verisosiila to Main.a. Clear or Complete record I this decette as there was or supply information

V. S. No. 1

should state of infor-

1. PLACE OF DEATH County	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10587
Village or City. Length of residence of city or town where death occurred. Length of residence of city or town where death occurred. A Residence of city or town where death occurred. A Residence of city or town where death occurred. A Residence of city or town and State PERSONAL AND STATISTICAL PARTICULARS 1. SEX COLOR, OR, ARCE S. SIL, Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH COLOR, OR, ARCE S. DATE OF BERTH (month, day, and year) A LATE OF BIRTH (month, day, and year)	1. PLACE OF DEATH	122-0
Length of residence of city or town where death occurred. 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Resides in the control of	County Cv. Q. LOD	Registration Dist. No.
Length of residence first or town where death occurred. 6. 4. 4. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
(a) Residedite: No. All Manual Control of Co		
Clusual place of abode Memorial and state Personal and State Per	2. FULL NAME STANK of auxun	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wint by word) 5a. It married, widowed, or divorced It was a state of the stat		St., Ward.
Sa. If married, victowed, or divorced HUSBAND HUSBAND ARE HUSBAND ARE Forest Months 8. Trade, profession, or perticular kind of work done, as SPINNER, SAVER, BOOKEEPER, etc. 10. Date Gessed last worked at his said to have occurred on the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred on the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred on the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred on the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred on the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred in the date stated above, at II m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date Gessed last worked at his said to have occurred in Importance were as follows: 11. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. NAME M. M. D. 14. BIRTHPLACE (city or town). 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT. 18. BURNAL CERMATICAL OR REMOVAD Place DUMBAND DATE AND DAT		
HEREBY CERTIFY. Thet I attended deceased from 8. DATE OF BIRTH (month, day, end year) 8. TAGE Years Months Days If LESS than I day. hrs. or. min. 8. Trade, profession, or perticular North of the seas SPINNER, SAWYER, BOOKKEEPER, etc. North of the stated ebove, at M. S. I.	Male White OR DIVORCED (write the word) 5a. If married, widowed, or divorced	Och 3 1932
7. AGE Years Months Days If LESS than 1 day,	HUSBAND OF Iola Lawson	lift-26, 1932 10 oct 3, 1932
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Strade, profession, or perticular kind of work done, as SPINNER, Commin. Date of one of the profession work was done, as SPINNER. Date of the profession work was done, as SILK MILL, SARK, etc.		u.r a
SAVYER, BUOKREPER, etc. 2 Industry or business in which work was done, as SILK MILL, SAX MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and see that this occupation (month and see the see that this occupation). This occupation (month and see the see that this occupation). This occupation (State or country) 12. BIRTHPLACE (city or town). As A. A. B. O. Name of operation. 13. NAME 14. BIRTHPLACE (city or town). As A. B. O. Name of operation. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). As A. B. O. Name of operation. 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place (Lity or town). Date (Lity or town). Capecify city or town, country and State) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. As A MALLARY 24. Was disease or injury in eny, way related to occupation of deceased? 18. O. FILED. 19. UNDERTAKER 19. O. FILED. 10. This or the seed of th	68 8 16 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place (Address) 19. Occupation Other Coatribatory Causes of Importance: 24. (Name of operation Name of operat	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Sufishinal obs metran
Other Contributory Causes of Importance: Other Contributory Causes of I		+ gruene pertautis 780
15. MAIDEN NAME Managard Summer 16. BIRTHPLACE (city or town) Caral Book Caral Bo	12. BIRTHPLACE (city or town) a.a. led	Other Contributory Causes of Importance:
Whet test confirmed diagnosis? Was there en eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAN Place Outstude (Address) 19. UNDERTAKER (Address) (Addre	13. NAME W.M alawson	
15. MAIDEN NAME Managard Summer 16. BIRTHPLACE (city or town) Caral Book Caral Bo	14. BIRTHPLACE (city or town). a.a.lo.	Name of operation Date of
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Address) Lalurall Manner of injury Neture of injury in eny way related to occupation of deceased? If so, specify (Signed) Mere did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If so, specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	(State of Country)	Whet test confirmed diagnosis? Was there en eutopsy?
17. INFORMANT About austra (Specify city or town, county and State) 17. INFORMANT About austra (Address) 18. BURIAL, CREMATION OR REMOVAL Place Ouable Cet 5 , 19 32 19. UNDERTAKER Activate Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	15. MAIDEN NAME Magant Summers 16. BIRTHPLACE (city or town) Ci. a. 600. (State or country)	Accident, suicide, or homicide?
Place Our Service Centre of the Service Servic		(Specify city or town, county and State)
(Address) Haluville Mix. If so, specify 20. FILED 4 19.32 7/6 C. T. G. (Signed) Here M. D.	00 %	
20. FILED		
	20. FILED 4 4 , 19.32 9 76 6 . 7 CA. Registrar.	

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10.-The month and year the deceased last worked at the occupation.

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Example I	1 A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Name of the second seco	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ate		TE O	F
il to 5	1. PLACE OF DEATH		
10 PE 00	County Anne A	rundel	
item of should of OCC	Village or City	Crowns	svi
/ . 70	Length of residence in city or	town where de	ath oc
Every MANS Ement	2. FULL NAME	John	Do
RD. Every	(a) Residence: No.		
RECO PH Exact	PERSONAL AND S	TATISTIC	CAL
RI.	3. SEX 4. COLOR OR		5. SII
d. L.	male blac	k	
INDING RMANEN X A C T L classified.	5a. If married, widowad, or divorced HUSBAND of Unkno	wn	
	6. DATE OF BIRTH (month, day, and	year)	189
R N P Sd Sd Sicard	7. AGE Years	Months	
FOR B IS A PE stated E properly certificate	35?	Unkn	Wr
ED HIS pe pe of of	8. Trada, profassion, or particul kind of work dona, as SF SAWYER, BOOKKEEPER, or work was done, as SILK SAW MILL, BANK, etc this occupation (month and this occupation (month as this occupation (mo	INNER, etc h	Ur
INK INK S sh t it	work was done, as SILK SAW MILL, BANK, etc D. Date deceased last worked a this occupation (month an yaar)	it ?	Juk
So DI	12. BIRTHPLACE (city or town) (State or country)	TTwl	cno
ARGI UNFA pplied. terms, instru	C 13. NAME	Unkno	WI
MARG TH UNFA Illy supplied plain terms, See instri	14. BIRTHPLACE (city or town) (State or country)		
full n pl	15. MAIDEN NAME	Unkno	WY
INLY, Wareful be careful EATH in p	16. BIRTHPLACE (city or town) (State or country)	Unkr	1WW
A PA	I I/. INFORMANT	tal Res	
[+]	18. BURIAL, CREMATION OR REMOV		
-WRIT mation CAUSI TION	19. UNDERTAKER (Address)	Went	u

MARYLAND—CERTIFICATE OF DEATH 10588

1. PLACE OF	DEATH			92-0	
CountyA	nne Arunde	1	o= 0040= 0000 a04	Registration Dist. No. な/	
Village or City	crown		State Hos	Spinos 1 St., f death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAM		-Doe #3	P 95.00	Ji3	3
(a) Residence		imore C	ity. Har	ylestid Ward. If nonresident give city or town and	State
PERSONA	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	Otate
3. SEX male	black	OR DIVORCE	RIED, WIDOWED, D (write the word) KNOWN	21. DATE OF DEATH October 16th (Month) (Day)	, 193_2 (Year)
5a. If married, widowad HUSBAND of (or) WIFE of	or divorced Unknown			22. 1 HEREBY CERTIFY, That 1 attended of October 15	
6. DATE OF BIRTH (mc	onth, day, and year)	1897		ilast saw h im alive on October 16th 19 32	death is said
7. AGE Years 35?	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8 : 15 Å m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Bata danada
SAWYER, Be 9. Industry or bus work was do SAW MILL, 10, Date deceased	k dona, as SPINNER, OOKKEEPER, etcsiness in which one, as SILK MILL, BANK, etc	spe		Cerebral hemorrhage	Pate of onset 15 min
12. BIRTHPLACE (city of (State or country)	()	known	apation	Other Contributory Canses of importance: Gerebral arteriosclerosis	?
13. NAME	Unkn	own			
13. NAME 14. BIRTHPLACE (c (State or co	untry)			Nama of operation Data of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME	Unkn	own		23. If death was dua to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (c) (State or co	11) 01 10111/	nown		Accident, suicide, or homicide? Date of injury Whera did injury occur?	
17. INFORMANT(Address)	Hospital R Crownsvill		land	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	iCE.
18. BURIAL, CREMATION	NOR REMOVAL Cere	Date 7	720 3	Manner of Injury	
19. UNDERTAKER (Address)	War war	sury.	Suft.	24. Was disease or injury In any way related to occupation of daceased?	
20. FILED. Colo	30.,1937	e la	Registrar.	(Signed) Crownsville, Marylan	5 M. D.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

AGE should be

			F MARY	YLAND-	CERTIFICATE OF DEATH 10589	
1.	PLACE OF	DEATH			93-0	
	County	A-1			Registration Dist. No	
		itydenca in city or town whara o	leath occurrad	(I	No. II Popular Ave St., Was death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?	
2.	FULL NA	ME	net I.			
	(a) Residence	ce: No.TI copul:	OF AVE	f abode)	St., Ward. If nonresident give city or town and State	
	PERSON	AL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	EX	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH Ochty 19 , 193 2 (Year)	
5a. I	f married, widowe HUSBAND of (or) WIFE of	ed, or divorced	J. Drur	y,	22. I HEREBY CERTIFY That I attended decased fr	rom 2
6. D.	ATE OF BIRTH	month, day, and year)	ine 22 I	350 /	Plast saw h. Rualive on Oct 18, 1922; death is s	ald
7. A	GE Yaar	s Months	Days	If LESS than	to have occurred on the date stated above, atm.	
		3	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	
NO	8. Trada, profassión, or particular kind of work dona, as SPINNER,			**************************************	Thronie Myorachle "	101
A Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and the properties) or month and the properties of		. a h. sol. sol. sol	notelling			
00	10 Data dacease this occup		11. Total tin span occup	ne (years) t in this 60		
12. BIRTHPLACE (city or town) St. Marys County (State or country)			rua Com	t.	Other Contributory Causes of importanca:	3
ER	13. NAME	Thomas Ge	ston			-
13. NAME Thomas Geston 14. BIRTHPLACE (city or town) (Stata or country) 13. NAME Thomas Geston			and		Name of operation Date of Was there an autopsy?	
ER	15. MAIDEN NAN	AE ^ ארור ה	Caroll		23. If daath was due to axtarnal causes (VIOLENCE) fill In also tha following:	
15. MAIDEN NAME Anna Caroll 16. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Anna Caroll 16. BIRTHPLACE (city or town)			15 n,/		Accident, suicida, or homicida?	
17. INFORMANT Cland Cono (Address) Homer and Larryland.			o arvland		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. B	Place Code	on, or removal	Date Oct	29 ,1932	Manner of injury	
19. U	NDERTAKER	I omin mnapolis,	arylano	. 4	24. Was disease or Injury In any way related to occupation of decaesed? \(\int \mathbb{D} \)	

(Address)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	on back of certificate.
MARGIN RESERVED	ITH UNFADING INK-THIS	lly supplied. AGE should be	plain terms, so that it may be	MON is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WI	mation should be carefu	CAUSE OF DEATH in 1	TION is very important.

N. B.-WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	MAK	ILAND—	GERTIFICATE OF DEATH 10	590	
County A A			Registration Dist. No.	1	
Village or City Annapolis, Length of residence In city or town where deat		(I	No. Emercency Hospital St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ss		
2. FULL NAME Francis A.			, , , , , , , , , , , , , , , , , , ,	3,	
(a) Residence: No. Annapoli		ck	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
		RIED, WIDOWED, O (write the word)	21. DATE OF BEATH (Cotober 12	, 193. 2	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY That I attended to	(Year)	
6. DATE OF BIRTH (month, day, and year) Aug 2 1855			Och)	; death is said	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9.1.2 Am.		
77	9	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc			Myscorditio & Myscerdial	Ly	
year)	span	pation 50	Other Contributory Causes of Importance: Carles Jelevino V	Lan	
13. NAME Samuel E. I	uvall		Vemplegia		
14. BIRTHPLACE (city or town) A. A. County (State or country)			Name of operation Date of What test confirmed diagnosis? Was there an au	winners Nets	
15. MAIDEN NAME Adeline	E. S16	emaker.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) A. A. County (State or country)			Accident, suicide, or homicide?		
17. INFORMANT E. Saunders I (Address) 26 Munroe Cour	uvall t Anna	apolis	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.	
18. BURIAL, CREMATION, OR REMOVAL Place Salem Cemetery 0	ateOct]	14 1932	Manner of Injury		
19. UNDERTAKER B. L. Hoppin (Addiess) Annapolis, Ma	24	3	24. Was disease or injury In any way related to occupation of deceased?	NO.	
20. FILEO 22 1 1 1932 for		Registrar.	(Signed) Gorge Coul (Address) Clureafulio.	M. D.	

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Example 1	il il	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BURRAU V.S.		• •	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ' ·	1 year

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

1. PLACE OF DEATH	Wo-no 10591
County Anne Arundel	Registration Dist. No.
Village or City <u>Annapolis</u> , <u>Ma</u> . (If Length of residence in city or town where death occurred 12 yrs. 6 mos	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 30 ds. How long in U. S. if of foreign birth?
2. FULL NAME Thomas Russell Emrick (a) Resence: No. Chesapeake Ave.	St., Ward. Eastport, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male White Single	21. DATE OF DEATH 2 , 193 2 (Month) (Day) (Year)
5al If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) March 29, 1920 7. AGE Years Months Days If LESS than f day,hrs. orhrs.	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Schoolboy 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Eastport, Md.	Other Contributory Canses of importance: 2 Juga Broken & Franker
(State or country) ## f3. NAME Grover Emrick	Shull
H 13. NAME Grover Emrick 14. BIRTHPLACE (city or town) Ohio (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lillian May Branzill 16. BIRTHPLACE (city or town) A. A. County (State or country) Maryland. 17. INFORMANT Mr. Grover Emrick (Address) Eastport, Md.	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicides the following: Where did injury occurs Amufactus Ball near a fiscal fill of the following: (Specify city or town, county and State) A Alum Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Cedar Bluff Cem to Oct. 30, 19 32	Manner of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Get 29, 1932 Joseph C. Joyer MR. Registrar.	(Signed) Am MA Approximent Acting learning.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemor r hage	July 5,1927	Peritonitis	3 days ago
BURGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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	Y	p	DE	V i
	PL	lno	E	er
	LUBITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	TION is very important. See instructions on back of certificate.
T	T	no	SE	7
(7	V.B	atie	AU	0
1	5	E	C	E

19. UNDERTAKER (Address)

for tate

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Anne Arunae Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. 3 mos. 23 ds. How long in U. S. if of foreign birth? vrs. mos. ds. Steve Ferguson 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) October 30th male black 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from Unknown (or) WIFE of July 7th 1932 to October 30 , 19.32 1.871 Hast saw h im alive on October 30th, 1932; death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7: 45 Am. If LESS than 7. AGE Years Months Davs 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 67 Unkhown or____min. were as follows Date of opset Arteriosclerosis 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.____Unknown Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) 1D. Date deceased last worked at this occupation (month and occupation Other Contributory Causes of importance Virginia 12. BIRTHPLACE (city or town) ___ (State or country) FATHER Gilbert Ferguson, dead 13. NAME 14. BIRTHPLACE (city or town) Virginia (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ HER 'Unknown Marv Q e ध Q3. If death was due to external causes (VIOL ENCE) fill in also the following: 15. MAIDEN NAME MOT Accident, suicide, or homicide? ______ Date of injury ______ 19___ 16. BIRTHPLACE (city or town) Virginia (State or country) Where did injury occur?___ (Specify city or town, county and State) Hospital Records Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Crownsville (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	nec s	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	650	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			7311	
			La company of the com	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ERLALA DI GREEN CONTRACTOR DE LA CONTRAC	

PHYSICIANS should state Exact statement of OCCUPAitem of infoi WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Craendel	Registration Dist. No. 22
Village or City annapples Jet Med	No. St., War
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or rown where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME YEARY JURGES	
(a) Residence: No.	St., Ward.
J (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 24 (Day) (Year)
a. If married, widowed or divorced HUSBAND of	
Car mile Jeppo	22. HER BY CERTIFY, That I attended beleased fro
DATE OF BIRTH Colors day and was A All 16 1985	Hast saw h Am alive on Oct. 2 4 th 19 ideath is sa
DATE OF BIRTH month, day, and year 100 / 5" / 8 3	to have occurred on the date stated above, at / / Ch. m.
44 (49 - 91 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: On. Murcardite Patofons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) occupation occupation occupation	
) vear)	Other Contributory Causes of importance
2. BIRTHPLACE (city or town) (State or country)	Movaby - Meshmal
	Care 31
13. NAME Level Lippo 14. BIRTHPLACE (city or town) 7	alm I have to heart of
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
6/10	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State on country)	Accident, suicide, or homicide? Date of injury, 19
1 4 1 ho	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT (Address) (May shorte for next	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8, BURIAL, CREMATION OR REMOVAL	Mannar of Injury
Place disbury hed Date Der. 14/37	Manner of injury
9. UNDERTAKER The we while Colux	24. Was disease or injury In any way related to occupation of deceased?
(Address) Lynn mid	If so, specify
20. FILED 6 27 27 1832 Clara Majorashy Registrar.	(Signed) M. (Address) M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal eause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TIPE THE DI TION I OF T CHILD DITTING TO BE I THE DICTING	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
1. PLACE OF DEATH	10594
County Anne Arundel	Registration Dist. No. 27
Village or City USS WYOMING, Annapoli	S, Md. No. Annapolis, Roads. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	(if death occurred in a norpital of institution, give its NAME instead of street and number)
2. FULL NAME FLETCHER, Charlie	Frank
(a) Residence: No. USS WYOMING (Usual place of abode)	St., Ward. Priceville, Kentucky. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Single	
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattandad decaased from
	10-11-32 ,19 ,10 10-11-32 ,19
6. DATE OF BIRTH (month, day, and year) 4-7-03 7. AGE Yaars Months Days If LESS	I last saw him aliva on 10-11-32 , 19 ; death is said to have occurred on the date stated above, at 3:33P m.
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER, Water Tender SAWYER, BOOKKEPER, etc. 9. Industry or business in which was keepen as SPINNER, Water Tender 10. Data deceased last workad at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	ware as follows: Hemorrhage caused by incised Wound, anterior part of neck 10-11 at level of thyroid cartilege Lividal: self-inflicted. Cross Other Contributory Causes of importance: Shock accompanyions the sessee hemorrhage. Name of operation. Date of
E 15. MAIDEN NAME UNKNOWN	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Living Date of injury 10-11, 19-32. Where did injury occur? USSNYOMINE, Annapolis, Md.
17. INFORMANT USS WYOMING (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. U.S.S.WYOMING: Closed
18. BURIAL, CREMATION, OR REMOVAL Place Bonniewille My Data (\$\frac{1}{3}\$)	Manner of Injury Self-inflicted. Natura of injury Two incised wounds.
19. UNDERTAKER & L. Hopfing (Address) and gold from the second of the se	24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify Soph Saldelle Melle M.D. (Signed) Soph Saldelle Melle M.D.
/ Reg	istrar. (Address) USS WYOMING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. ... heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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NK-THIS IS A PER	should be stated E	it may be properly c	n back of certificate.
. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly c	TION is very important. See instructions on back of certificate.
B.	(T	1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10595
1. PLACE OF DEATH	92.00
County anna Gundel	Registration Dist. No.
Village or City Earleigh Heights	No. St., Ward
Length of residence in city or town where death occurred 2 vrs. 5 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Cristave Golfa	and A
(a) Residence: No. 3711 E. Balto St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF (or) WIFE OF Christina Gellent	22. THEREBY CERTIFY, That attended doceased from 27, 1992, to 200 22, 1937
6. DATE OF BIRTH (month, day, and year) Feb. 27. 18 73	I last saw h _ carelive on of the 22 , 1997; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	David 4 Strong
9. Industry or business in which	The trace delet
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date dacased last worked at this occupation (month and year)	Court day 18/100
12. BIRTHPLACE (city or town)	Other Contributory Causes of importaine Line City
(State or country)	
E Q. gaman	
14. BIRTHPLACE (city or town) Survival (State or country)	Name of operation
E 15. MAIDEN NAME Not Dann	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT Wanda Bochme (Address) & Boch Bochme	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MAT. Commerce Date Pot. 7, 1932	Mannar of Injury
19. UNDERTAKER MASS. 6. Miller Asm. (Address) 2324 Julierson 25.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oct. 4, 19 Pla-a- Blef. Registrar.	(Signad) Went (Holling M. D. (Addrass) 4400 por can Roper
If more blanks are needed, address State Registrar	Case N. Charles Street Baltimore Paranters 71 C No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	es. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	V. S. H.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

10000
STATE OF MARYLAND
CERTIFICATE OF DEATH
Bellandin Dia N
Registration Dist. No.
our Marguelst.: Ward) (If death occurred in
a hospital or institu- tion, give its NAME ii- stead of street and
and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
OC. 5, 1923 ~
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
19232 to Oct 6, 1933
that I last saw h exalive on oct 6, 19232
and that death occurred on the date stoted above, ot
The CAUSE OF DEATH * was as follows:
Still bistle
(Lull term)
The state of the s
(Duration)yrsmosds.
Contributory Racenta previa - Frenchis
Secondary
Replace Place Danion) yis mosds.
Visigned) 9 M Ulsa Martin M. D.
10/6 1937 (Address) annapris md
*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of death yrs mos ds. In the State yrs mos ds.
Where was disease contracted, 180 thinks from the state of death? 180 thinks
Former or usual residence 186 France Leonge Ist.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Delrew Friends hip Con 1 9 32
20 UNDERTAKER ADDRESS A
1 1902 Entaw
laved fond hern son re Balts.
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimenal laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealfulness of various pursuits can be known. The questired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all ", "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLAINLY,

N. B.

of OCCUPA.

	CERTIFICATE OF DEATH 10597
1. PLACE OF DEATH County	Registration Dist. No. 2
Village or City A A County Dome	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. A CA Ed Home Mu (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of large of the State of	22. I HEREBY CERTIFY. That I attended deceased from 1937, to Certification 1937
6. DATE OF BIRTH (month, day, and year) Market 15 31	I last saw h. 27 elive on 25 9 7 , 1937; death is said
7. AGE Years Months Days It LESS than 1 day, - hrs.	to have occurred on the date stated above, at . Z.A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thomas artern
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this prevanting (month and	
year) occupetion ga	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TO CLICALO	
13. NAME TO CLASS 14. BIRTHPLACE (city or town) (State or country) Thursday	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME / My U, Jchell 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Julia Thiomps 1	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Luy Date 19	Manner of Injury
19. UNDERTAKER CAS J COL	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED Och . 10-1932 . Carrie Sint ? Registrar.	(Signed) lets of mer All the me D (Address) Devident Ble Mry

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DTC 5 1882	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 Indiana			
		▼	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrochteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A.	1	ľ	1	,	,	L	L.	Ì	À	É		ĺ	J	t '	7		(į	Ĭ]	3	7	2	-	7	Y	7		1	E	J)	E	J	į		1	7	Y	3	7	1	3	F		9	S	1	ſ]	,	V	1	1	3	1		1	١	I	Ç	ŀ]	-	1	8	1	1	4	A	£	1	1			ľ	I	1	7	7	2	8	8	1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	1	8		2	8	8	8	8	8	8		8	1	3	3	3	3	3	3	3	3	5	5	5	5	3	3	3	3	3	3	3	3	3	3	1	8	2	7	1	I	I		
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V. S. No. 1

B.

certificate.

jo

See instructions on back

FATHER

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

14. BIRTHPLACE (city or town)_ Unknown

Unknown

Unknown

Records

(State or country)

16. BIRTHPLACE (city or town) (State or country

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

OCCUPA. plnods

1. PLACE OF DEATH		710-7	0598
County Anne Arundel Village or City Crownsvil Length of residence in city or town where death of the country of the country of the country or town where death or the country or the country or the country or town where death or the country o	le State Hospo occurred 1 yrs 10 mos	Registration Dist. No. St., f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.	Ward d number) mosds.
(a) Residence: No. Baltimore		nd St., Ward. If nonresident give city or town at	nd State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male black o	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Married	21. DATE OF DEATH October 17th (Month) (Day)	193_2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Helen Hal	1	22. I HEREBY CERTIFY, That I attende November 22 1930 to October 17	7th 19 32
6. DATE OF BIRTH (month, day, end year) 1880		I last saw him elive on October 17th 19 3	32 deeth is seid
7. AGE Yeers Months Unkno	Days If LESS then	to have occurred on the dete stated above, at 4:15A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industry or business in which	aborer Unknown	Exhaustion due to placeal abscess caused by compound fracture of clavicle	3 wks
10. Date deceased lest worked et this occupetion (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Nort	h Carolina	Other Coutributory Causes of importance:	
13. NAME Unknown			

Name of operation What test confirmed diegnosis?. 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Nature of injury

24. Was disease or injury in phy way related to occupation of deceased If so, specify

(Signed (Address)

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

Length of residence in city or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	
Langth of residence in city or town where death occurred	County News Urundel	Registration Dist. No. 2314
Length of residence in city or town where death occurred where death occurred where it is a constraint of the constraint		
(a) Residence: No. ** (Chus piace of abode)* PERSONAL AND STATISTICAL PARTICULARS .SEX ** 4. COLOR OR RASE** OR DIVORCED (write the word) OR DIVORCED (write		를 통하는 시간 이렇게 보면 보다 하나 있다면 보고 있는 것이라면 하는 것이 없는데 함께 되었다. 이번 보다 보다 보다 보다 보다 보다 되었다.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX Male COLOR OR RAFE S. SINGLE MARRIED, WIDOWED OR DIVORCED Countrie by word OR DIVORCED Countrie by word OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF HUSANDO OF HUSANDO OF OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF HUSANDO OF OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF OR DIVORCED Countrie by Widowed, or divorced HUSANDO OF OR DIVORCED Countrie J. HER EBY CERTIFY, That I attended deceased of Honorito of Work of the word Or J. 19.3 J. Say T. To. J. Last saw h. Local give on Ord J.	2. FULL NAME Nigliane Serard	Nammer.
SEX MALE 4. COLOR OR RAGE ON BUNDECD Curric the word) 1. If married, widowd, or divorced HUSBARD or (Month) 2. If married, widowd, or divorced HUSBARD or (Month) 2. DATE OF BIRTH (month, day, and year) 2. DATE OF BIRTH (month, day, and year) 2. AGE 7 Years 2. Month: 2. Days 3. If LESS than 1 day,		
Male While OR DIVORCED (white the word) Married, wildowed, or divorced will Shannows (Month) (Day) (Year) Musshanio Wilsonia (M. Harried Wilsonia) (Month) (Day) (Year) 1. AGE TY Years Months Days If LESS than I day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, vildowed, or divorced HUSBAND of Mills and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. Years Months 23 1 day, hrs. hrs. or min. 8. Trade, profession or particular or min. 8. Trade, profession or particular or min. 8. Trade, profession or particular or min. 9. Salver BOOKKEPER, etc. 9. Industry or business in which was done as \$11k MILL. SAW MILL, BANK, etc. 10. Date deessed last worked at a silk MILL. SAW MILL, BANK, etc. 10. Date deessed last worked at a silk MILL. SAW MILL, BANK, etc. 10. Date deessed last worked at a silk MILL. SAW MILL, BANK, etc. 10. Date deessed last worked at a silk MILL. SAW MILL, BANK, etc. 10. Date deessed last worked at a spent in this occupation (month and year) 11. Total time (years) Spent in this (1/2) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURNAL, GEEMATION, OR REMOVAL Pisco and Author and Author and Author and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 11. Total time (years) 11. Total time (years) 11. Total time (years) 12. BirthPLACE (city or town). 13. Marker of injury Nature of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 15. On specify	OR DIVORCED (write the word)	Oct 9th 1932
DATE OF BIRTH (month, day, and year) AGE 7 Years Months Days If LESS than to have occurred on the date stated above, at. 2 Mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows were softlows were softlows were softlows were softlows. 3. Industry or business in which work was done, as SPINNER, SAWTER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the specific occupation. Gold this occupation (month and year) 13. NAME Section of the specific occupation. Gold the security occurred in the date stated above, at. 2 Mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were softlows. The PRINCIPAL CAUSE OF DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH and related above, at. 2 Mm. The PRINCIPAL CAUSE of DEATH		(month) (Day) (Teat)
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AGE 7 Years Month: Days If LESS than 1 day hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWNILL, BANK, etc 10. Date deceased last worked at this occupation (month and soccupation) (State or country) 13. NAME Echard Nammus 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Eliza Foother (State or country) 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT NAME SIZE (CITY or town) (State or country) 7. INFORMANT NAME SIZE (CITY or town) (State or country) (State or country) 7. INFORMANT NAME SIZE (CITY or town) (State or country) (Specify city or town, country and State) (Specify city or town, country and State) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Mammer of injury in any way related to occupation of deceased? (Address) (Address) (Mammer of injury in any way related to occupation of deceased? (Maddress) (Specify city or town, country and State) (Specify city or town, country and State) (Specify city or injury) (Specify cit	m. 11:18((046
8. Trade, profession, or particular Kind of work dotte as SPINNER, Sollier Branch Bran		- Ma H
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BONKEPER, etc. Oblian Brokers 9. Industry or business in which work was done as SILK MILL, SAW MILL BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Brokerd Name 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Eliza Finks 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Company of the company of the country of the company of the country of the company of the company of the company of the company of the country of the company of the country of the company of the company of the company of the company of the country of the company of the company of the company of the country of the country of the company of the country of the company of the country of the co	4 2 1 day,hrs.	
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Other Contributory Causes of importance: Other Contributory Name of operation Other Contributory Name of operation Other Contributory Name of operation Other Contributory Other Contribut	9. Industry or business in which	
Other Contributory Causes of importance: Other Contributory Name of operation Other Contributory Name of operation Other Contributory Name of operation Other Contributory Other Contribut	work was done, as SILK MILL, SAW MILL, BANK, etc	
State or country State or country State or country	spent in this	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL CREMATION, OR REMOVAL Prisco 2 (Address) 9. UNDERTAKER (Address) (Add	(State of Country)	What test confirmed diagnosis? X Ray Was there an autopsy? 2
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9. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 220. (Address) 150, specify	Proce occident ottore Wh II, 193	
211		24. Was disease or injury in any way related to occupation of deceased? 200,
20. FILED CLA 9, 19 22 Marchan Sugar (Signed) (Address) arused med.	20. FILED Oct 9, 19.32 matilder Dalla	(Signed) Warshall & South M.

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0.00	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10000
County (-	Registration Dist. No.
Village or City East Port Ind'	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
2. FULL NAME Matilda Harrod!	us. How long the 0, 3. if of foreign unitary
(a) Residence: No. 3 80 Anifth (Urgal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Oct. 127 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hesley Formad.	22. Sept 15 BY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last sawh_LL alive on Oct 126 , 193 2, death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myrosiditis Co. Safe
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Dale deceased last worked et	11 July 1723
10. Date deceased last worked et this occupation (month and year) 11. Totel time (years) spent in this occupation 50	
12. BIRTHPLACE (city or town) Patapsco Md' (State or country)	Other Contributory Causes of importance:
II 13. NAME HENRY Crom WELL.	
13. NAME MENRY COM WELL (14. BIRTHPLACE (city or town) Robinson (State or country) G - G - Co Vind	Name of operation Date of
15. MAIDEN NAME Harriel unknown.	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Palafis co (State or country) Md	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT WEsly Harrod' (Address) 380 Fullh 31.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Brunchill Center Qet 4, 1932.	Manner of Injury
19. UNDERTAKER & H. B. Parker - (Address) 47 Washington 81	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 44 , 19. 3. 2 , 4 C , 4 Registrar.	(Signed) (Address) (Address) (Address) (Address)
	2411 N. Charles Street Reltimore Promoting (1) S. No V) Hall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	101	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NEV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	77.	July 5,1927	Peritonitis	3 days ago
	BURD			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

County County County County Wilage or City County Ward County Cou	STATE OF MA	ARYLAND—	CERTIFICATE	OF DEAT	H 10	601
Village or City	(None, 6, 1/4	undel	(131)	Registration Dis	st. Np. 💸 =	22
2. FULL NAME (a) Residence: No.	Village or City Lacul	elle	No.		St	Ward
(3) Residence: No. Charles of books Charles Charl	Length of residence in city or town where death occurre					
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS J. SEX WELL 4. COLOR OR RACE OR DIVORED ("witch word) PRANCED ON DIVORED ("witch word) PRANCED S. SINGLE, MARRIED, WIDOWED OR DIVORED ("witch word) PRANCED TO DEATH J. So (Worth) To DATE OF DEATH J. So (Worth) (Worth) To DATE OF DEATH J. So (Worth) To J.	2. FULL NAME // select	un Ho	ward			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX **Male** **LOLOR OR RACE** **SINCLE, MARKERE, WIDOWORD Comite the word on DIVORCED COMITE		ulnille V	holy Ward.	If nonverident air	o city or town and	Charles
Male White OR DIVORCED (write the word) Natural (Month) Or Divorced (wheth) Natural (Month) Or Divorced (Wonth) Or Divorced (Wonth			MEDICAL CI			Diale
58. If married, widowed, or diverged HUSBADO OF COT) WIFE of Cachael Aum Horach 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than to have occurred on the date slated above, et. 150 m.m. 8. Trade, profession, or particular florid of work done as SPINNER, Jor. min. 8. Trade, profession, or particular florid of work done as SPINNER, Jor. min. SAW MILL, BANK, etc. 11. Data deceased let worked et this occupation (month) and of year florid or work done as SPINNER, Jor. min. 12. BIRTHPLACE (city or town) (Side or country) 13. NAME 14. BIRTHPLACE (city or town) (Side or country) 14. BIRTHPLACE (city or town) (Side or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Side or country) 17. INFORMANT (Address) 18. BIRTHPLACE (city or town) (Side or country) 18. BIRTHPLACE (city or town) (Side or country) 19. UNDERTAKER (Address) (Ad	Male Whate OR DIV	ORCED (write the word)		ctober	30	, 193 2—
6. DATE OF BIRTH (month, day, and year) 7. AGE 7 Years Months Days If LESS than 1 dey hirstory Causes of Importance were estollows: 8. Trade, profession, or particular kind of work done, est SPINNER, January SPINNER, SAWNILL, BANK, etc	5a. If married, widowed, or divorced	Houned	22. A HEREBY			
TAGE 7 Vears Months Days II LESS than 1 dey		- invace	July 5	1932, to 0	et. 3.	0,1932
8. Trade, profession, or particular kind of work dome, es SPINNER, Farmer Sind of work dome, es SPINNER, parker Sind of work es to defense of information of work established and the spinner Sind of work established and spinner Sind of work established and spinner Sind of work established and spinn	6. DATE OF BIRTH (month, day, and year)	0 1845	I last saw h_LZEL alive on	out.	29 ,1932	; death is seld
8. Trade, profession, or particular bids of work done, as SPINNER, Famuer 9. Indextry or business in which work wes done, as SILK MILL. 10. Data deceased lest worked at this cocupation (month and 1/9-0) 12. BIRTHPLACE (city or town) (Siste or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country) 17. INFORMANT (Address) 18. BURIAL, CRESSATION, GR.REMOYAL 19. UNDERTAKER 19. The following: 20. FILED 19. UNDERTAKER 19. The following: 21. Galley or town, county and State) 22. Was disease or influx in any way related to occupation of decessed? 19. UNDERTAKER 19. The following: 24. Was disease or influx in any way related to occupation of decessed? 19. UNDERTAKER 19. Character 19. UNDERTAKER 19. The following: 19. UNDERTAKER 19. The following: 29. FileD 19. UNDERTAKER 19. The following: 20. FileD 20. FileD 21. FileD 22. FileD 23. Ideath was due to external causas (VIDLENCE) fill in also the following: 24. Was disease or influx in any way related to occupation of decessed? 29. FileD 20	8/	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT		231	
Jindostry or business in which work we done as SILK MILL. Grand January With west one as SILK MILL. BANK, etc. 10. Date deceased lest worked et this occupation (month-and yeer) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRESATION, BR. REMOYAL Place Place 19. UNDERTAKER 19. The following of the place of	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER RODENEES etc.	ner	(1 a lean	2000		
Description occupation	9. Industry or business in which work wes done, as SILK MILL, Auera	e Farming	avrou.	Jewy 1	a	1.00
Dither Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRESSATION, BR. REMOYAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED Detail of Language Detail of Language Detail of Language Detail of Language Was there en autopsy? Where did Injury occur? Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Detail of Language Manner of injury Neture of injury Neture of injury (Signed) M. D. (Signed) M. D. (Address) M. D.	SAW MILL, BANK, etc. 10. Data deceased lest worked et this occupation (month-and	Fotal time (years)	Chronis	Messa	tral	15/28
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19. UNDERTAKER 1044 RaiseV (Address) Facult Nd. 24. Was disease or injury in any way related to occupation of deceesed? No. If so, specify (Signed) Thu Halfsey M.D. Acquired Registrar. (Address) Laculation M.D.	18. BURIAL, CREMATION, OR REMOVAL	on 1pt ,1932				
20. FILED TON 1 1 197 W. L. Jones (Signed) John M. D. (Addgess) Laulville M. D.			24. Was diseese or injury in any wa	ay related to occupation	on of deceesed?	No.
Deplocal Registrar. (Addréss) - Laulville Ing	-vi il No PC	Jones	Xc/10 44	Mr. Ca	They	M. D.
	Dept	Scaf Registrar.	(Address)	Laulou	as m	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 8 4 DV	July 5,1927	Peritonitis	3 days ago
2067	TUBI		
Other contributory causes of importance: 10/		Other contributory causes of importance:	
Gallstones TTTA	May 1, 1923	Gastroenteritis	1 year
A SIL	7/		

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	10602
County Q.Q.	Registration Dist. No.
Village or City Annabous (II	No. Emergence Harbital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
5 10 W	ds. How long in U.S. if of foreign bifth?mosds.
(a) Residence: No. West amadnuts (Usual place of phode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH OF 1932 (Yeer)
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of Catherina Hramaduila	22. HEREBY CERTIFY, Thet I attended deceased from 1932, to Oct. 26, 1932
6. DATE OF BIRTH (month, day, end yeer) Unknown	I last saw harmelive on Oct 26, 1932 death is seid
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the date steted above, at
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chranic Mephrilia 6 m
9 Industry or business in which work wes done, as SILK MILL, Flarist SAW MILL, BANK, etc.	
10. Dete decesed lest worked at this occupation (month and yeer) 11. Total time (yeers) spent in this 50 occupetion 50	
12. BIRTHPLACE (city or town) Cook of Cook of Slovakia (Stete or country)	Other Contributory Canses of importance: Myo Cardial Gusuffering July 143
13. NAME Unknamen	
13. NAME 14. BIRTHPLACE (city or town) Cechaho Slavalsia (Stete or country)	Name of operation Have Date of Whet test confirmed diagnosis? Christaf Westhere an autopsy?
15. MAIDEN NAME Unken and	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Cech aka Slavakia (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Charles Hram admiks (Address) West ann apolis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece June jan Juli Date Juli 193	Nature of injury
19. UNDERTAKER Frank Coach Thus (Address) Balk not	24. Wes diseese or injury in any way releted to occupation of deceased? 10
20. FILED 92 2 6, 1932 2 20 0 1 C Frank	(Signed) J. Willia Marlin M. O. (Address) Sunafbolia M. d.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othor contributory of important		Other contributors are a firm at	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1		
4 33 7 5			

deaths from

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ferer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death approved by Committee of Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association Examples: Accidental drowning; Struck by railway trainvalvular heart disease; etc. The contributory

American Medicar associated over thoroughly and A'l qu stions if this certificate is loked over thoroughly and A'l qu stions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

		MARGIN	大田公	EKVI	Q S	MARGIN RESERVED FOR BINDING
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	WITH	UNFADI	ING IN	VK-T	HIS	IS A PERMANENT
mation should be carefully supplied. AGE should be stated EXACTL?	efully s	supplied.	AGE	plnods	pe	stated EXACTL
CAUSE OF DEATH in plain terms, so that it may be properly classified.	in plain	terms, se	that	it may	pe	properly classified.
TION is very important. See instructions on back of certificate.	ant. Se	e instruct	ions o	n back	o Jo	ertificate.

1	. PLACE O		TAIL O	H MAH	YLAND—	CERTIFICAT	E OF DEA	AIH 1	0604
	County	An	ne Aruno	iel		(131)	Registration	Dist. No.	-1
	Village or C		Mnnapoli		3 70 (11	No. 92 Fran death occurred in a horpital or i	klin St.	St.,	d number)
2	Length of resi	2.		e Jacks		ds. How long in U.S	S. if of foreign blrth?	yrs	mosds.
	(a) Reside		* • • • • • • • • • • • • • • • • • • •	anklin (Usualplac	e of abode)	St.,Ward.		t give city or town a	The second secon
		1	ND STATISTI				L CERTIFICATI	E OF DEATH	
	Female		White		RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF DEAT	(Month)	/5 ⁻	, 193.2 (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or dive		ackson		22. A LA HERE	BY CERTIF	Y. That I attende	ed deceased from
0 1	ATE OF DIRTH	·	04	ec. 9.	1850	I last saw h.C. elive or		Oct 15 4 1932	
_	AGE Yea		Months	Days	If LESS than	to have occurred on the date		_	death is said
	8:	1	10	6	1 day,hrs.	The PRINCIPAL CAUSE OF were es follows:			10.6
ATION	Industry or	ork done, BOOKKEI business i	, as SPINNER, I EPER, etc n which	None		Urosm	ie Com	<u>a</u>	Date of onset
OCCUPATION	work was SAW MIL 10. Date decease	done, as L, BANK, ed last wo pation (mo	SILK MILL, etc rked at	2 SP	time (years) ent in this 60	Cr. Seiter	shhal	nephone	G fram
12.	BIRTHPLACE (cit (State or coun	y or town)	Annapo	olis, M	2	Other Contributory Causes of	Importage:	e Kasa	Pram
ER	13. NAME W	illi	am Brewe	er		abole	uses.		K
FATHER	14. BIRTHPLACE (State or		own)ur	nknown		Name of operation	-2	Date of	
ER	15. MAIDEN NAI	ME	unknown			23. If deeth was due to externa			
MOTHER	16. BIRTHPLACE (State or		own) unl	known		Accident, suicide, or homicide	e?		
17.	INFORMANT (Address)		tin T apolis.			Specify whether injury occurr	(Specify city or red in INDUSTRY, in H	r town, county and Si OME, or in PUBLIC P	tate) PLACE.
18.	BURIAL, CREMAT	ION, OR F			ct. 18, 32	Menner of injury			
19.	UNDERTAKER					24. Was disease or injury In a	y way related to occup	pation of deceased?	mo
20.	FILED OUT	17	19.3.2	-75 C	Registrar.	(Signed) (Address)	France	The m	/ M. D.
			If more b	blanks are needed.	address State Registrar	2411 N. Charles Street Baltimor	Requesting T) No		

V. S. No. 1

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselėrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUEFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

V. S. No. 1

1. PLACE OF DEATH)F MARY	LAND-	CERTIFICATI	E OF DEA	AIH]	0605
County 1a	W oak	/ 100	82-0	Registration	Diet No. 2	, /
Village or City Annafa		4478. E. R. 17 (1	NoNof death occurred in a hospital or in	nstitution, give its NAM	St.,_ IE instead of street as	
Length of residanca In city or town where	death occurred	yrsmo:	sds. How long in U.S	if of foreign birth?	yrs	_mos d
2. FULL NAME Miner (a) Residence: No. Celuster		Jaar	TE			
(a) Residence. No.	(Usual place of		St., Ward.	If nonresiden	t give city or town	and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL	CERTIFICATI	E OF DEATH	
7 Emale blite	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEAT	H Oct (Month)	2 9 (Day)	, 193
5a. If married, widowad, or divorced HUSBAND of				(month)	(Day)	(Yaar)
(or) WIFE of Cornelis	is far	+rE_	22. Och HERE	BY CERTIF	That I attend	
6. DATE OF BIRTH (month, day, and year)	n. 16	1856	I last saw h alive on	Oct 2		death is sa
AGE Years Months	Days /	If LESS than	to have occurred on the date	stated above, at 7.2	m.	
76 9	13	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF C	DEATH and related caus	ses of importance	Date of ons
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Centra	o Al al	De la constante	
9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc.			U-100 FR			Bet 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc 10. Date daceased last worked at this occuration (month and	sempe					
10. Date daceased last worked at this occupation (month and yaar)		na (years) in this ation				
2. BIRTHPLACE (city or town) Prime (State or country)	E Lin	g E les	Other Contributery Causes of	Importance:		non
1 01			Atteno to	eliro	240	4/2
13. NAME V Lornas V 14. BIRTHPLACE (city or town)	in					
14. BIRTHPLACE (city or town)	no ver	Co	Name of operation		Date of	
(State or country)	1.1		What test confirmed diagnosis	?	Was there a	n autopsy?
15. MAIDEN NAME Webacca	· car	<u></u>	23. If death was dua to externa	I causes (VIOLENCE) f	ill In also the follow	ing:
15. MAIDEN NAME Werter a 16. BIRTHPLACE (city or town)	re de	right	Accident, suicide, or homicide	?	Date of injury	, 19
(State or country)	77		Where did Injury occur?	(Specify city of	town, county and S	
7. INFORMANT (Address)	000 8	anh	Specify whether injury occurre	ed in INDUSTRY, in Ho	OME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	05	31	Manner of Injury			
Place V. Lievens	Date Cler	3/ ,1932	Nature of Injury			
9. UNDERTAKER . Thro. William (Address) (1) at the	In the	n	24. Was disease or injury in a	way related to occup	pation of deceasad?	
20. FILED 10/31, 33	Dolon	St.	(Signed)	Oliver 1	was	M.
77	1000	Registrar,	(Address)	map	H.U.S.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1913	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	12.5
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	LAND—CERTIFICATE OF DEATH 10606
0 0 -	(3)
County — C	Registration Dist, No.
Village or City Camajious	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/	yrsmosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME James John	Won
(a) Residence: No. 467 / WEST	St., Ecl. Ward.
(Usual place of PERSONAL AND STATISTICAL PARTIC	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRII	
Man or Divorced (write the word)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Motte. a.	22. HEREBY CERTIFY, That I attended decessed fi
Duly or many	Hest saw h are alive on UC 23 1932 death is
6. DATE OF BtRTH (month, day, and year) 7. AGE Years Months Days	If LESS than to have occurred on the date stated above, at 1 the m,
71 - usknown wiknown	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Otterisselentie Cardis . Date of on
8. Trade, profession, or particular kind of work done, as SPINNER, Coach Mac	M. Vassular denare
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	
10. Date deceased last worked at () 11. Total time	(years) - Chronic nephretis. Crobably four or
- 11 this occupation (month one 1 1 2)	n this 50 y five months' durations. Other Contributor Course of Importance. Curt 37
12. BIRTHPLACE (city or town) afrolis	Other Contributory Causes of Importance:
(State or country) / Mo	(173
13. NAME HENry Johnson	
14. BIRTHPLACE (city or town) annafe of the (State or country)	Name of operation MADE Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was due to external causes (VOL ENCE) fill in also the following:
2 10. DINTIFEROE (City of town)	Accident, suicide, or homicide?
17. INFORMANT JOSEPIL Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 467 W261	81
18. BURIAL, CREMATION, OR REMOVAL	6 1939 Manner of injury
Place DY WITH SIX COME Date / V. A	Nature of injury
19. UNDERTAKER & H B Yarker	24. Was disease or injury in any way related to occupation of deceased?
(Address) 4 1 Washington S	If so, specify Oliver to the dead
20. FILED 27 23, 1932 2 3 3 4 C 7	(Signed) (INTI) Willables M Registrar. (Address) Willables, Wed
If more blanks are needed, add	ress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Mr anderson

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RITEPAU V. S	Ţ		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF MEATH				
County Anny Armedel 9 Registration Dist, No.				
Village or City auabolic Quergener Hospilas, Was				
Length of residence in city or town where death occurred over mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
2. FULL NAME None L	ane o			
(a) Residence: No. St., Ward. Revery M.L.				
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH exober 9 193 2 (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from			
6. DATE OF BIRTH (month, day, and year) bet 9. (93-	last saw h 4 an alive on Oct 9, 19 3 2 death is said			
	to have occurred on the date stated above, at 3.30Pm.			
7. AGE Years Months Days If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
9 Trade profession or posticular	Data of enset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tremature Berth.			
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	62 matte hear			
O JO. Data deceased last worked at 11. Total time (years)	20. I rational granding			
this occupation (month and spent in this occupation occupation	ou coult of			
12. BIRTHPLACE (city or town) Cumapolis	Other Contributory Causes of Importance:			
(Stata or country) Many Carrol				
13. NAME John 7. Jogel				
13. NAME John J. Sogel 14. BIRTHPLACE (city or town) Backman	Name of operation			
(Stata of counts)	What test confirmed diagnosis?			
E	23. If death was dua to external causas (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?			
17. INFORMANT John G. Vogel (Address) Descent MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Family Cull, Date Cel 10, 1932	Natura of injury			
19. UNDERTAKER & Mar & Vogel	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED Let 9, 1932 Day 6 C. to 6 20	(Signed) The May Hay July M. D.			
Registrar.	(Address) Later vills, "Md-			

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Example I	day a day and a day a da	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county anne annded Come	Registration Dist. No.
	No. St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Roment Roment de	and
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27, 193. 2 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) QN, 181932	I last saw h — elive on Qet 27 19 3 death is said
7. AGE Yaars Months Deys If LESS than 1 day,hrs. ormin.	to have occurred on tha date stated above, at / 0
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Malmitrition Date of onset
SAWYER, BOOKKEEPER, atc. 9 Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, atc. 10. Date decaased last worked at this occupation (month and year).	Other Cantributary Causes of importence:
12. BIRTHPLACE (city or town)	
13. NAME Reguald dane	
13. NAME Regueld Jane 14. BIRTHPLACE (city or town)	Name of operation None Date of What tast confirmed diagnosis? Physical Was there an autopsy? had
15. MAIDEN NAME Nellie Johnson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFORMANT Reguraled Jane (Address) Majority.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Date Oct. 29,137	Manner of injury
19. UNDERTAKER Gud row Malher (Addrass)	24. Was disease or injury in any way ralated to occupation of daceesed? W
20. FILED OCH 9, 18 3 L Z. Ce Steels Registrar.	(Signad) arrence Derra. M. D. (Address) 1009 arrence Derra.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Brooklyn Judy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V	9.5			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Patient seen for first time about one how befor shealth	3
Stewation acidosis inquestionally freed.	
For authorization to Change date of birth - see buth	certifical
	druc

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF	DEATH

1	. PLACE OF DE		1 141741		10609
	County Anne Arundel				Registration Dist. No.
	Village or City			ate Hospi (II	tello. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) 36 ds. How long in U.S. if of foreign birth?
	. FULL NAME	Aug	ustus 1		
	(a) Residence: No.			City. Mar	ylsand Ward. If nonresident give city or town and State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			OR DIVORC	ED (write the word)	21. DATE OF DEATH OCTOBER 19th (Month) (Day) (Year)
5a.	If married, widowed, or di HUSBAND of (or)-WHFE of	Lelia	Martin		22. I HEREBY CERTIFY, That I attended deceased from September 23,1932, to October 19, 19,32
-	6. DATE OF BIRTH (month, day, and year) 1866 7. AGE Years Months Days If LESS than		If LESS than	I last saw h im alive on Oct. 19th 19.32; death is said to have occurred on the data stated above, at 10:454m. M.	
	66 8. Trade, profession, or	1	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: General Arterioslcerosis Date of onset
OCCUPATION	kind of work don SAWYER, BDDKK 9. Industry or business work was done, a SAW MILL, BANK	e, as SPINNER, EEPER, etc in which	<u>Laborer</u> Unknown		
1000	10 Data deceased last v this occupation (n year)	vorked at nonth and	11. Total sp	time (years) ent in this cupation?	
12.	BIRTHPLACE (city or tow (State or country)	n)Geor	gie		Other Contributory Causes of Importance: Faulty metabolism due to old
ER	13. NAME	Augustus	Martin	1, dead	-8ge
13. NAME Augustus Martin, dead 14. BIRTHPLACE (city or town) Georgia (State or country)			eorgia		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME	Unknown			23. If death was due to external causes (VIOL ENCE) fill in also that following:
MOTH	15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country)			1	Accident, suicide, or homicide?
17.	THEORIMANT	spital R ownsvill		rland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR	REMOVAL Lewel	2 Date 172	-0 32	Manner of injury Nature of Injury
19.	UNDERTAKER (Address)	H. F.W.	hing 4	de Daft	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED. Q. t.26), 1932	En	Registrar.	(Signed) Crownsville, Waryland
		If more	blanks are needed,	address Some Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		CEAISOSM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	7 7	

should state of infor-

item

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Table 18/18	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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item of infor-

of occura-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10611
1. PLACE OF DEATH	7-0
county anne arundel	Registration Dist. No.
Village or City Hanones	Note 7- D. #1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	N
2. FULL NAME Charles M	attheiss
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	21. DATE OF DEATH OF 30 (Year)
5a. If married, widowed, or divorced HUSBAND of Katherine Korber	22. LHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) June 22-1856	I last sew humanalive on Oct 30, 1932; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, et 5m.
76 4 8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this corresponding from the and the company).	Broncho Bremonia 10/28/9
Andustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (years spent in this occupation occupation)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lawrence (State or country)	My conducting 13
	Beretog
13. NAME John Matthews 14. BIRTHPLACE (city or town). Leaven	
14. BIRTHP(ACE (city or town) (Stete or country)	Name of operation. Date of
	What test confirmed diagnosis? Algorithms Was there an autopsy?
M	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Ancie of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANY COMPANY CONTRACTOR CANADA FOR THE CONTRACTOR CONTRAC	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place com som Date Plot 2 1932	Neture of injury
19. UNDERTAKER Charles W. Dill.	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 8/09 Fred & She.	If so, specify
20. FILED Nova ! 1932 Coldwell Woods uff	(Signed) M. D. (Address) A. D. C. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	Date of onset The principal cause of death and related cau of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

-WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCURAproperly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10612
County alle alteredel	Registration Dist. No.
Village or City Tracely Canding	7 No. St., Ward
Length of residence in city or town when the popular of yes	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Antita and Mon	elaced.
	St., Ward.
(a) Residence: No. (Usual place of abode)	St., ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Clubby 29, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended decessed from
6. DATE OF BIRTH (month, day, end year) Sales 11th 1932	I last saw alive on cert 28 , 1932; death is seid
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et. 3 4. m.
. 3. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Colitis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occuration (mostly and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (yeers) this occupation (month and year) 12. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town). Whalep daudin	Other Contributory Causes of importance:
(State or country)	
13. NAME I allay Woreland.	
14. BIRTHPLACE (city or town) Affine (State or country)	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME (race of Manufector). 16. BIRTHPLACE (city or town).	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Milled	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT College flower flower (Address) Jeaning Randing. M	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place resulting Note	Neture of injury
19. UNDERTAKER Harriff Heilelius.	24. Was disease or injury in any way releted to occupation of deceased?
(Address) / Mugo palay	If so, specify
20. FILED 1997, 1992 PM Saylor	(Signed) Live M. D.
Marie Registrar.	(Address) Latter mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.

TION is very important.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH					

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10613
1. PLACE OF DEATH	
County a - C -	Registration Dist. No.
Village or City Ima of taline	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rosalie murre	241
(a) Residence: No. Italian	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Det 14 - 1932	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	a state atalestasia sidi
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	anguests in some
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and yaar) 11. Total tima (years) spent in this occupation	Pther Contributory Causes of importance:
12. BIRTHPLACE (city or town) True Station Puf. (State or country)	Dulier Contributory Causes of Importance.
13. NAME Harry nurray	
13. NAME Harry Murray 14. BIRTHPLACE (city or town) a G. Co. May (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Nulles Mulles 16. BIRTHPLACE (city or town) a a contry)	23. If death was due to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Harry Murray (Address) Thus I tale of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa M. Carry Date Mr L 1932	Nature of Injury
19. UNDERTAKER Harry Grunay	24. Was disease or Injury in any way ralated to occupation of deceased?
(Address)	If so, specify
20. FILED My 1 , 19 3 2 from 6 C fry 4	(Signed) Am Jan Man D.
Registrar.	(Addrass) / The factor of the control of the contro

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		Vestilast	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Superior Control of the Control of t			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10014
County anne annalel	Registration Dist. No. 23
Village or City Brooken	No.# 4 Will Irp Road St. Ward
(16	death occurred in a hospital or institution give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
01: 00 1	
2. FULL NAME Howard E. Mash	1 Due D
(a) Residence: No. 1649 Coungton (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Colored (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 19 32 to 10 - 9 - 19 32
6. DATE OF BIRTH (month, day, and year) Nov. 30, 1930	l last saw h alive on 10-9- 19-32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.00 Pm.
/ 10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. If Date deceased last worked at this occupation (month and	Nova Ineumonia 9-29-32
work was done, as SILK MILL, SAW MILL, BANK, atc.	
apont in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) talkmore, ma	A A DA
(State or country)	Cardiae Welstation 10-8-32
13. NAME Electer Nach 14. BIRTHPLACE (city or town) Balking M. G. (State or country)	Nove -
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Level Pla Robert	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balkinse, mg.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Robert St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL Place Wood Cours. Date Chage 12 , 1932	Mannar of injury
19. UNDERTAKER J. Lew ME Cally (Address) 130 E F STORY	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 11 , 19.32 Caldwell War Laux	(Signet) Jawlence & Sena . M. D. (Address) 1009 annapolis Blid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimory Legisting V.S. No. 1. Mad.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	il	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 eruonus	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR	FURTHER STATEM	ENTS BY PHYSICIAN	
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Jody to be	buried from 16	49 Corrigton	SU- Balking	2 14
' ()		1		,,,,,,

V. S. No. 1

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k	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
MANGIN RESERVED FOR BINDING	NE	LO
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

1	. PLACE OI		-7/20	T MIAR	I LAND	CERTIFICATE OF D	CAIL	0010
	County	Anne	arunde	10%		Registra	ation Dist. No.	7
4			napolis			No. 173 Green St. death occurred in a hospital or institution, give its N	St.,_ NAME instead of street as	
						ds. How long in U.S. if of foreign birt	h?yrs	_mosds.
2	. FULL NA							
	(a) Residen	ce: No	173 Gre	(Usual place		St., Ward.	sident give city or town	and State
				ICAL PART	ICULARS	MEDICAL CERTIFIC	ATE OF DEATH	
	emale		or race		RRIED, WIDOWED, D (write the word) VOC	21. DATE OF DEATH	2.3 (Day)	193 3 2
5a.	If marriad, widow HUSBAND of	ed, or divorc	ed					
	(or) WIFE of	Will:	iam Per	clitz		22. I HEREBY CERT	IFY, That I attend	ed daceased from
e 1	DATE OF BIRTH (month day	and year) De	0 10	1859	Plast saw h. P.V. alive on		death is sale
_	AGE Yaa		Months	Days	If LESS than	to have occurred on the date stated above, at	1000	r, ueath is sait
	73		10	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related		
NO	8. Trada, profes	sion, or part		mon	w R	were as follows:	yo-carle	Date of onset
PAT	9. Industry or 1 work was					Umate 1	J	May
OCCUPATION	SAW MIL	L, BANK, ato		1			***************************************	
ŏ	this occup	ation (mont	h and 9.31	spe	ime (years) int in this 50 upation		*****************	
12.	BIRTHPLACE (cit (State or coun		Ger	many		Other Contributory Causes of Importance:		
ER	13. NAME Ca	sper	Ruttge	erers				
FATHER	14. BIRTHPLACE (State or		n)	ermany		Name of operation		
ER	15. MAIDEN NAM	ME 1	unknowr	1		What tast confirmed diagnosis?23. If death was due to external causes (VIOLEN)		
MOTHER	16. BIRTHPLACE (State or	(city or town				Accident, suicide, or homicide?		
17.	INFORMANT(Address)		William polis.	Perlit	Z		ity or town, county and S in HOME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMATI	ON, OR RE	MOVAL		26,1932	Manner of injury	***************************************	
19.	UNDERTAKER (Addrass)		M. Tay			24. Was disease or injury in any way related to	occupation of deceasad?	no
20.	FILED 2 2	A.			Registrar,	(Signad) Walton 141	Topkers	M. D.
			**	blambe and model				

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street-car. Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroen teritis Gallstones 1 year

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No.	B.	-
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County Cle	6-1	Registration Dist. No.	21
Village or City	944/2		C4 14/
Village of City	is of a	If death occurred in a hospital or institution, give its NAME instead of st	St.,Wareet and number)
Length of residence in city or town where	death occurredyrsm	osds. How long In U.S. if of foreign birth?yrs	mos
2. FULL NAME Chan	ic Don	relf.	
(a) Residence: No.	est Dive	St., Ward.	
	(Usualplace of abode)	If nonresident give city or t	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DE.	ATH
3. SEX	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gurite the word)	21. DATE OF DEATH JOY 31	7
temolo cet.	weedow	(Month) (Day)	(Year
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	2 12- 01	22. 1 HEREBY CERTIFY, That I	attended deceased
(or) with washing	Tong Owell	, 19, to	
6. DATE OF BIRTH (month, day, and year)	whiow.	I last saw h alive on	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
85	1 day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importative were as follows:	-
8. Trade, profession, or particular	0/	Heart Disease	Dataofo
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	House well		
9. Industry or business in which work was done, as SILK MILL,	1		
SAW MILL, BANK, etc	11, Total time (years)		
this occupation (month and	spant in this		
7./	a. A Dil	Dther Coutributory Causes of Importanco:	2 10010
12. BIRTHPLACE (city or town) (State or country)	Dadi		
	Drugol		
H	Janto		
14. BIRTHPLACE (city or town)(State or country)	how	Name of operation	
	art and	What test confirmed diagnosis? Was t	
E /	the Diese	23. If death was due to external causes (VIOLENCE) fill in elso the	
O 16. BIRTHPLACE (city or town) Stete or country)	Car	Accident, suicide, or homicide? Date of injury	, 19
	Darbers	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT (Address) 77- 7 (Markey)	17 Command	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚ	
18. BURIAL, CREMATION, OR REMOVAL	n. curapour	Manner of injury	
Place West Kerry	Date //or 3 ,193		
22 6	2/ /20	Nature of injury	
19. UNDERTAKER (Address)	the fort	24. Was diseese or injury in any wey related to occupation of decer	Jsed?
0	1119.	(Signed) rous & pelacit	1 /
20. FILED. 12 - 19.32 - +	my a 2 . I styling (a 16	(vigilau)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
LERTINGALU M				
	- 400-00 - 30 A			
Other contributory causes of importance:	CHEST STRAIL	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1	z.	1
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STAT 1. PLACE OF DEATH	E OF	MAR	YLAND-	CERTIFICATE OF DEATH	517
County Anne Ar	undel			Registration Dist. No.	21
Village or City Cro	wnsvi	lle S	tate hoso		Ward
			(If	f death occurred in a hospital or institution, give its NAME instead of street and response to the str	number)
				s)s,ds.
2. FULL NAME			roctor		
(a) Residence: No.	Mald	(Usual place	of abode)	oustry, Mard land If nonresident give city or town and	State
PERSONAL AND STA				MEDICAL CERTIFICATE OF DEATH	
female 4. color or R		OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH October 27th (Month) (Day)	, 193_2
5a. If married, widowed, or divorced HUSBANO of					(Teal)
(or) WIFE of Unknown				22. I HEREBY CERTIFY, That I attended Oct. 22 ,19 32, to October 2'	deceased from
6. DATE OF BIRTH (month, day, and yea	r) :	1899		I last saw her alive on October 27th, 1932.	
	nths	Oays	If LESS than	to have occurred on the date stated above, et.4m.	
33 U.	nkno w	n	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housework 9. Industry or business in which work was done, as SILK MILL, Unkn wn			Pulmonary tuberculosis	Out of one of
10 Date deceased last worked et this occupation (month and year)	?	11. Total i	ime (years) nt in this upetion		
12. BIRTHPLACE (city or town)(State or country)	Mary.	land		Other Contributory Causes of importance:	
13. NAME Unknows	1				
13. NAME INKNOWS 14. BIRTÁPLACE (city or town) (State or country)	Unkno	own		Name of operation Date of What test confirmed diagnosis? Was there an a	
置 15. MAIDEN NAME Mary	C. Es	step		23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town) (State or country)	Mer	'Jland		Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT Hospits (Address) Crovnsy		ords. Mary	land	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	1) Cesi	Tela 1	74.1932	Manner of injury Neture of injury	
19. UNOERTAKER Hart	Ryo	n-91	id -	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED (1 1, 1932	B	on	Dear Phinner	(Address Crownsville, Marylan	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 2881 4 AOM 1 E	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

SIAIE OF MARYLAND—	CERTIFICATE OF DEATH 10618
County Hurr Arrudel	Registration Dist. No-
Village or City Aunapoles	No. Outer gener Hospital St., Ward death-occurred in a hospital or institution, (Type its NAME instead of street and number)
Length of residence of city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Addison VI	unplusery (
(a) Residence: No. Cauton Vi (Usual place of abode)	Ward. Valent MA If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 22, 193 2 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Florence R. Freen	22. HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Upril 25, 1870	l last saw h / M. alive on Oct. 22, 19.32, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
2 0 crmin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Data of one of
8. Trede, profession, or particuler kind of work done, as SPINNER, District Jorenson	
Industry or business in which	Diabeles Mollit 1910
work was done, as SILK MILL, Country Roads	1/10
10. Date deceased last worked at this occupation (month and oct 11 32 spent in this occupation occupation	
Man Lies a a Court	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(Las Janus
1 10 01-1-01	1932
E Print O World Printer	19.32
14. BIRTHMACE (city or town) Calufully (State or country) Calufully	Name of operation Date of Date of
	What test confirmed diegnosis? The Was there an autopsy?
15. MAIDEN NAME Way Ellen Powel 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Userfulo	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. a. Crymphien (Address) Odenton and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Cadar Hell Date Oct 26, 1932,	Nature of injury 2000e
19. UNDERTAKER John P. Danny (Address) 7/5 Lie 1585	24. Was disease or Injury In eny wey related to occupation of deceased? No
20. FILED Out 23, 1932 Frage C, Fra My	(Signed) John M. D. Mary M. D. M. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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9	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

Exact statement of OCCURA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10619
1. PLACE OF DEATH	92-0
County Q - Q - 1	Registration Dist. No.
Village or City Water Eury Med	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LOVEY and Juern	
(a) Residence: No. Wall of Wall of Gaze of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH October 7 1937
5a. If married, widowed, or divorced	(Month) (Pay) (Year)
HUSBAND of (or) WIFE of July A. Juley	22. Question 2 132, to Certain 7, 132
6. DATE OF BIRTH (month, day, and year)	Hast saw her alive on October 2,193 5, death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 m.
70 . unkuense - , I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	5
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1	Mitrae Odenosas
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Chesterfield Md.	Other Contributory Canses of Importance:
(State or country) $\alpha - \alpha - \alpha - \alpha - \alpha$	Fench
13. NAME John 1.998	
13. NAME John Doggs 14. BIRTHPLACE (city or town) 1257 River (State or country)	Name of operation
(State of County) a a c	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margrel Riggs. 16. BIRTHPLACE (city or town) NEXT Rives.	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) WEAL Russ	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) $u - u - cv - lild$	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John W Juen Jr.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The NEXTEN (Soul Date 10 9, 1932	Natura of injury
19. UNDERTAKER & M. B. Parker (Address) 47 Washington ST	24. Was diseasa or injury In any way related to occupation of decaasad? \(\text{NO} \)

Registrar.

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•	Example I	d dates	Example II	AL I
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 7 1932	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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very ite	ANS	nent of	
JKD. E	HYSICI	staten	
TATE OF	Y. PI	Exact	
MANAM	carefully supplied. AGE should be stated ENACTLY. PHYSICIANS A	.TH in plain terms, so that it may be properly classified. Exact statement of	
A PER.	ted EN	perly cl	ificate.
112 12	be sta	be pro	of cert
II-W	plnods	it may	n back
SU DAI	AGE	o that	tions of
NEAD	pplied.	erms, s	portant. See instructions on back of certificate
TIH	ully su	plain t	t. See
17: W	caref	TH in	portani

CAUSE OF DEA

LION

WRITE mation sl

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where deeth occurred How long in U.S. if of foreign birth?_____yrs. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That a attanded daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Oavs If LESS than to have occurred on the data stated above, at / O. 1 day.___hrs The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance 0 or____min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at 11, Total time (years) this occupation (month and spent in this occupation ... Othar Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (Stata or country) What tast confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accidant, suicide, or homicide?______ Date of injury______ 19 (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL. Manner of injury Netura of injury. 24. Was disaasa or injury in any way related to occupation of decaasad (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE mation s CAUSE TION is	PLAIN Should b	NLY, o care ATH i	WITH efully in plai	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E X CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	ING I AGE • that tions	Shoul it ma	d be y be k of c	IS A P stated properly	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	r recorl Y. Phy Exact si	O. Every SICIANS	should of of of	nfor- state
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10621
1. PLACE OF DEATH	
· County a.a.Co	Registration Dist. No. Bloband
Village Dr City	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	
2. FULL NAME Courtneys Rommel	J
(a) Residence: Np. Jumake Prand (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 24 193 2 (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That 1 ettended deceased from
5. DATE OF BIRTH (month, day, end year) but 24-1932	I last saw h Amalive on 1952 to 1952 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 10.36 4 m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	Jumature Buth
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Courtney Kommel Sv	
13. NAME Courtney Rommel SV 14. BIRTHPLACE (city or town) Balts In A	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an eulopsy?
15. MAIDEN NAME / Relma) Chulles	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Relma Schulles 16. BIRTHPLACE (city or town) Ballo had (State or country)	Accident, suicide, or homicide?
Court Romed Sx	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Funday / 3 van de	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (Malonical) robbis Austria	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED OCY 25, 19.32 MAPE a Registrar.	(Signed). (Signed). (Address) 1279 William Y.M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V-S			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		r	

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1.	PLACE OF DEATH		(82-a)	
	County Aure Mi	ingle	Registration Dist. No	
	Village or City Cauch	Farre	No.	St Wa
	Vinage of only	about 2	If death occurred in a hospital or institution, give its NAME instead of	of street and number)
	Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME LAGA	the	1 - 1 PM 1	
	(a) Residence: No. Laure	pl Parte	CSELO Water of	
		(Usual place of abode)	If nonresident give city	
	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF D	EATH
3. SE	4. COLOR OR RACE	or Divorced (write the word)	21. DATE OF DEATH Octobes (Month) (Da), 193 y (Year)
	f married, widowed, or divorced HUSBAND of (or) WIFE of James &	V. Shees	22. A HEREBY CERTIFY. That	11 attended deceased f
6. DA	ATE OF BIRTH (month, day, and year)	linkum	last saw her alive on Oct 3	, 19 3 ; death is
7. AG	GE Years Months	Days If LESS than	to have occurred on the date stated above, at	
me	for	I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	Date of or
Z	8. Trade, profession, or particular	1/2		
PATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rouseary	(11)	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		monuex	9,29
סככת	SAW MILL, BANK, etc	11. Total time (years)		
O P	this occupation (month and 193	spent in this occupation		
	Nouve	doconvelle /	Other Contributory Causes of Importance:	
12. B	(State or country)		Hypertension	
ER	13. NAME Moses An	rowden	1	
E	No.	dominaled	Name of operation	Date of
FA	14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis?	
HER	15. MAIDEN NAMMANIAK	Mallhero	23. If death was due to external causes (VIOL ENCE) fill In also	
E -	100	dominile &	Accident, suicide, or homicide?	110
MOT	16. BIRTHPLACE (city or town) (State or Quality)	-0	Where did injury occur?	1141 5
	Homas V.	v. Theel	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	
17. 1	NFORMANT (Address)	re astil	E)	TOURIO TENUE.
18. B	BURIAL, CREMATION, OR REMOVAL	- 6 11	Manner of injury	
	Place Years He	Dat 0 4 6 , 193	Nature of injury	4
	Las FR	L. ah 1, 1	24. Was disease or injury in engway related to occupation of o	leceased 1
19. U	JNDERTAKER (Address)	lis mad	If so socity levely see on	rece to
	76 21 4	we will	(Signed) 35 northy of	1000
20. F	FILED YEAR Q., 19.3/2-	Registrar.	(Address Persona from	6 My
-	7f mor		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

10622

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
200	Other contributory causes of importance:		
20	Chasa voirer itis	1 year	
R FURTH	ER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

-12	12	4.	0	3
1	U	()	6	0

1. PLACE OF DEATH			(2.3)		
County Anne Arundel			Registration Dist. No. 2	/	
Village or City Crown sa	ille Sta	to Hespit	No. St.	Ward	
		<u>)</u> (1	St.,	number)	
Length of residence in city or town whe	re death occurred	yrsmos	s16_ds. How long in U.S. if of foreign birth?yrsr	nosds.	
2. FULL NAME Agne	s Sprigg	s			
(a) Residence: NoBalt	imore Ci (Usual place	ty Mary	anst, Ward. If nonresident give city or town an	d State	
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wagie the word) Single			21. DATE OF DEATH October 24th (Day)	., 193 2	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased fro June 8th 19 32 to October 24 19 32		
C DATE OF BIRTH (manh) day and wash	1895			2: death is said	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 4: 30 A m.	ar; death is said	
37 Un	known	1 day,hrs. ormin.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housew	ork	Pulmonary tuberculosis	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Unknown				
10. Date deceased last worked at this occupation (month and year)	11. Total is specific	time (years) ent in this ?		**	
12. BIRTHPLACE (city or town) Mer			Other Contributory Causes of importance:		
1					
Ī	known		Name of operation Date of		
	wn		That test committee diagnosis: Tras there all		
16. BIRTHPLACE (city or town)	Unknow	n	23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?		
(Stata of Country)			Where did injury occur?		
17. INFORMANT Hospital (Address) Crownsvil		land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Date 101	25-32	Manner of injury Nature of injury		
19. UNDERTAKER Daniel	Explore	- Capt	24. Was disease or injury in any way selected to occupation of deceased?		
20. FILED L. J. J., 19. 3. 2.	BO	Joze	If s, specify Signed) CDownsville, Maryla	M.D.	
20. FILED LAT 2, 1, 19 3 2c	BOD B	Registrar.	(Address) Chownsville, Maryla:	nd M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAIJOSM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	164)
Countel a. Co	Registration Dist. No. 5 Ch. 23
Village or City Lleu Burne.	No. 1 (ramtighway st. Ward
9 0	f death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurredyrshos	sds. How long in U.S. if of foreign birth?drsds
2. FULL NAME Jayses Nighteney A	utkerland
(a) Residence: No. 1. Claim Hallway	St., Ward.
(Usual piage of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWEO, OR DIVORCED (write the word)	21. DATE OF DEATH C. 19
The man market	(Month) (Day) (Year)
5a. If married, wid wed, et divorced HUSBANO of (or) WIFE of	21. I HEREBY CERTIFY, Thet I attended deceased from
(a) wire of children 2. Durchellan	19 to 19
5. DATE OF BIRTH (month, gay, and years)	I last saw h alive on
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at the one.
34° 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 ° Total confering a continuous	Date of onse
S. Frade, profession, or particular kind of work done, as SPINNER, Clerk SAWYER, BOOKKEEPER, etc.	Carton Monoxicle Poisoning ord!
9. Industry or business in which work was done, as SILK MILL,	(Illuminating Las.)
SAW MILL, BANK, etc.	
Spent III (III)	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	***************************************
(State & country)	Mone -
13. NAME De David C. Sytkerlaus 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Hom. Oate of
(State of Country)	What test confirmed diagnosis? Symptom Was there an autopsy? ?
15. MAIOEN NAME Cate Crucacos 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Verecule Oate of injury
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/MIS Elyweth E. Dutterle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 7. Craku Aighway	
18. BURIAL, CREMATION, OR CREMOVAL O 2/3-	Manner of injury
Place Dine 1, 19 - 2	Nature of Injury
19. UNDERTAKER WILLIAM FORD	24. Wes disease or injury in any way related to occupation of deceased?
(Address) North & Pa auls.	If so, specify
20. FILEO Oct. 20. 19.32 gratilda gradu	(Signed) all Est John Roggy Fr. act Com.
Dep , Registrar.	(Address) Glan Budnier, Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T) S. No. 1

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Village or City Crowns vell (No. State J	STATE OF CERTIFICATE Registration St.: Ward	OF DEATH Dist. No. 21
² FULL NAME CONCESSION APE	MEDICAL CENTERALE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX A COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)		(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	
1871	192 to,	, 192,
(Month) (Day) (Year)	that I last saw halive on	192,
7 AGE S [If LESS than	and that death occurred on the date state	d above, atm.
2 4 l day hrs.	The CAUSE OF DEATH * was as follows:	
yrsmosds. ormin.?		
8 OCCUPATION (a) Trade, profession or particular kind of work Clrtufuc	ol under It	An Doe
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstien)	yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)	yrsds.
10 NAME OF FATHER	(2)B11CU/	
11 BIRTHPLACE OF FATHER Z (State or country)	*State the Disease Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from injury and (2) Whether
12 MAIDEN NAME 4 OF MOTHER	1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrs	ne ateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence	
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	19 PLACE OF BORIAL OR REMOVAL	, 19
	20 UNDERTAKER	ADDRESS

Registrar

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". ('Inanition,' ' 'Marasmus,' "Old Age,' "Shock,' '
> "Uraemia,' "Weakness,' etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

1. PLACE O				-CERTIFICATE OF DEATH Registration Dist. No. 2	625
Village or C	idence in city or town where	death occurred	yrs8 (I	St., If death-pecurred in a horpital or institution, give its NAME instead of street and its. ds. How long In U.S. if of foreign blith? yrs. m	ward number)
2. FULL NA (a) Residen		more Cit	ty, Mary	Ward. If nonresident give city or town and	State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE black	5. SINGLE, MARI OR DIVORCEI Marri	RIED. WIDOWED, D (write the word) Led	21. DATE OF DEATH October 9th (Month) (Day)	, 193 2 (Year)
5e. If married, widov HUSBAND of (or) WHFE of	Louise	Wallace		22. I HEREBY CERTIFY, That lattended Jan. 27th 19 32 to October 9t	
	(month, day, and year)	188			
7. AGE Years Months Days If LESS than 1 day, hrs. or h				were as follows:	Date of onset
				Chronic interstitial nephritis	-
- IIII3 OCCU	LL, BANK, etced last worked at pation (month end	II. Total ti	me (years) nt in this	-	-
12. BIRTHPLACE (ci (State or cou		ama		Other Castributary Causes of importence:	
I3. NAME	Moses Walla	ce			-
13. NAME 14. BIRTHPLACE (State or	(city or town) Ala	bama		Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Agalena Carr 16. BIRTHPLACE (city or town) Tenna. (Stete or country)				23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did Injury occur?	g:
17. INFORMANT	iospital Rec		yland	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) ACE.
	JON OR REMOVAL	Date Oct	12,1932	Manner of injury	
19. UNDERTAKER (Address)	Johnny M. Joj 1845 Prince	hosen as	es. y.B.	24. Was disease or injury in any way related to occupation of deceased?	·

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ti		Example II	
Date of onset			Date of onset
1915	Attack of epilepsy	RUREAU V. S.	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	MOV 7 1932	3 days ago
		GENIGOER	
May 1,1923	Other contributory Gastroenteritis	causes of importance:	1 year
	1915 1921 July 5,1927	of importance were 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	3
County a la	Registration Dist. No. 2-/
Village or City Robinson Station	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Mulling in	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 24 193 2
man vina ving	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND ot	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Oct 24 - 3 2	I last saw h alive on 19 ; death is seld
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et. 8.50 m.
I tell borne 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	No Missi cian
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed lest worked at this occupation (month and	
SAW MILL, BANK, etc.	Alus carriage about
a full occupation (month and	3 orus
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Elbruan JTalin	
(Stete or country)	- Yhu Burguen
13. NAME The Thirting on	
13. NAME Au Mutting Tra	Neme of operation Dete of
(State of Country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME MUSTURA Pheles	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) a G. G. Full	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT rear blea Westlen glow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Shinam Station	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Paruli, Cuit, Date CS 13,193	Nature of injury
19. UNDERTAKER Thu Whitting try	24. Was diseese or injury In any way related to occupation of deceesed?
(Address) Rains an Statin	If so, specify
20 FILED ST 25 1932 42 76 6	(Signed) The explose C. Try Co. M. D.
Registrar.	(Address) Centry is his

STATE OF MARYLAND-CERTIFICATE OF DEATH

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S Date of onset	The principal cause of	0 1 41 6 7 9 4 4 5	
	The principal cause of death and related causes of importance were as follows:		Date of onset
1915	Attack of epilepsy	MOV 7 1932	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	LECEIVED	3 days ago
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis		1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory ca	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	0	Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes Date of onse of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TOTAL A 1885 L HON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1